

27 OCT 1960

DOWN COUNTY HEALTH SERVICES
YEAR 1959



TWELFTH ANNUAL REPORT

SUBMITTED TO THE DOWN COUNTY
HEALTH COMMITTEE BY THE COUNTY
MEDICAL OFFICER OF HEALTH

JAMES B. McKINNEY
County Medical Officer of Health

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DOWN COUNTY HEALTH COMMITTEE

MEMBERS OF COMMITTEE, 1959-60

Appointed under the Public Health and Local Government (Administrative Provisions)
Act, (N.I.), 1946

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DONAGHADEE URBAN	Mrs. E. J. BOYD, M.B.E., J.P., 17 Moat Street, Donaghadee. (Deceased)
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KILKEEL URBAN	ROBERT GEORGE HANNA, Esq., 67 Newcastle Street, Kilkeel.
NEWCASTLE URBAN	Lt. Col. K. C. C. SMITH, D.S.O., J.P., Strathearn, Newcastle.
NEWRY URBAN	JAMES J. CAMPBELL, Esq., 4 Mulligan's Court, Newry.
WARRENPOINT URBAN	Mrs. M. C. BENNETT, 29 Seaview, Warrenpoint.

To the Down County Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my Twelfth Annual Report as required by Statute.

As in previous years, regard has been paid in the general layout of the contents to the desirability of ensuring that each Section can be read as a distinct unit, although the work described in the various Sections is so closely related that this arrangement has resulted inevitably in some repetition.

In the body of this Report I have referred to the striking reductions which have occurred in recent years in the incidence of and the mortality from Tuberculosis. It should be noted, however, that the mortality figures have decreased much more rapidly than those recording incidence, and it would be a profound mistake to assume that Tuberculosis has been conquered as a serious infectious disease. The pattern of its distribution in the community is changing, and presents a real challenge to the preventive services. In the past, the main impact of Tuberculosis was felt amongst young adults, but now many undisclosed sources of infection are to be found among the middle-aged and the elderly. Whilst it remains true that the members of the patient's family are the first to be exposed to the risk of infection, it can no longer be regarded as adequate to limit the routine follow up of contacts to the immediate family circle. Follow up must be extended to cover contacts made in the wider environment of the office, factory or other place of employment, and the need for x-ray examination should be emphasised to those who have been exposed to risk. Considerable tact and patience will be necessary to ensure the success of such a wider scheme, but, if the significance of the changing picture now presented by tuberculous infection is not recognised and faced resolutely, it is clear that the ultimate control of the disease which is now possible will be delayed unduly.

During the year covered by this Report many of the functions relating to the prevention of Tuberculosis were transferred from the Northern Ireland Tuberculosis Authority to the Health Committee. The transfer was carried out smoothly, and a close liaison has been established with those responsible for the curative side of the Service. It is from such a back-ground that I look forward hopefully to the full mobilisation of all the resources of prevention, cure and rehabilitation so essential to success in the final elimination of Tuberculosis as a major cause of suffering and ill health.

In my Report for 1958, I referred to the beginning in a modest way of a service of specially trained Health Visitors to assist in maintaining liaison between hospitals in which patients suffering from mental illness are treated and the patients' homes.

During 1959 this service has been extended by the introduction of additional trained staff, and their work is described in the present Report.

In the past, far too little attention has been paid to the provision of adequate care for the mentally ill, but a marked change in both professional and public opinion is rapidly becoming apparent. It is now widely recognised that mental illness is one of the major problems of the Health Services, and that it should be regarded as an integral part of these services and not as an isolated problem to which an unwarranted stigma has been attached.

The provision of a comprehensive service for the mentally ill will require co-ordinated team-work from many diverse interests, voluntary and statutory, health and welfare, preventive and curative. At this crucial stage, it is pleasing to be able to report that your Committee have already taken preliminary steps to play their full part in the development of such a worth-while project.

Early in 1959 at the request of the Health Committee Professor and Mrs. A. W. G. Ewing of Manchester held the first of a series of courses of training for Health Visitors in the ascertainment of hearing defects in young children. The initial course was a great success and marked the first major step in the development of a service which will enable every child in the County to be examined by trained staff for the presence of hearing defects. It is essential that such defects should be discovered at as early an age as possible if the children concerned are to derive the maximum benefit from the special educational facilities which can be provided for the partially deaf. I regard this as a very important addition to the services already provided by the Committee for young children.

During the year, the Ministry of Health and Local Government sponsored an exhibition on "Accidents in the Home," and your Committee co-operated by holding the exhibition at main centres of population throughout the County. Considerable interest was shown by the public, and the exhibition was followed up in all areas by the showing of suitable films and by health talks and group discussions organised by the Health Department staff. It is always difficult to assess the value of an effort of this kind, but I feel that the impetus given centrally by the Ministry enhanced the effectiveness of the subsequent follow-up by the Health Department, and I hope that the Ministry will continue in the future to initiate health education projects along similar lines. From a long-term point of view, however, it is only by constant repetition that the simple truths of prevention will be accepted and practised by the public, and in this unspectacular work the staff of the Health Department are continually engaged. The favourable trends of relevant statistics over the past twelve years, as set out in this Report, furnish abundant evidence that considerable success is following their efforts.

In conclusion, Mr. Chairman, Ladies and Gentlemen, once again I should like to thank you for the unfailing consideration and support which you have given me at all times ; to place on record my appreciation of the services of a loyal and enthusiastic staff, and to express my gratitude for the co-operation and assistance which have been so freely extended to me by Mr. J. C. Pantridge, Secretary to the Health and Welfare Committees.

I am,

Yours faithfully,

JAMES B. McKINNEY,

County Medical Officer of Health

VITAL STATISTICS FOR THE YEAR 1959

TABLE 1.—POPULATION AT 8th APRIL, 1951, BY QUINQUENNIAL AGE GROUPS

Age (Years)				Males	Females	Persons
All Ages				117,772	123,409	241,181
0—4				12,416	11,477	23,893
5—9				11,403	10,806	22,209
10—14				9,183	8,855	18,038
15—19				9,775	8,627	18,402
20—24				8,159	8,723	16,882
25—29				8,340	9,129	17,469
30—34				8,208	8,476	16,684
35—39				8,211	8,522	16,733
40—44				7,696	8,228	15,924
45—49				6,894	7,311	14,205
50—54				6,387	7,166	13,553
55—59				5,149	5,971	11,120
60—64				4,452	5,619	10,071
65—69				4,094	5,052	9,146
70—74				3,398	4,382	7,780
75—79				2,331	2,799	5,130
80—84				1,187	1,499	2,686
85—89				409	588	997
90—94				70	146	216
95 and over				10	33	43

TABLE 2.—MARRIAGES

Marriages	Marriages per 1,000 Population
1,498	5.9

TABLE 3.—BIRTHS—REGISTERED (LIVE BIRTHS ONLY)

Total Births (including Illegitimate Births)				Illegitimate Births		
Males	Females	Total	Rate per 1,000 population	Males	Females	Total
2,747	2,506	5,253	20.7	55	55	110

TABLE 4.—DEATHS

Deaths (All Ages)			Infant Deaths (Under 1 Year)			Maternal Deaths	
Males	Females	Total	Males	Females	Total	No.	Rate per 1,000 Live Births Registered
1,460	1,375	2,835	72	60	132	5	0.95
Rate per 1,000 estimated population=11.1			Rate per 1,000 Live Births Registered=25.1				

TABLE 5.—DEATHS BY AGE PERIODS

Age Periods	Males	Females	Total	Age Periods	Males	Females	Total
Under 1 year	72	60	132	45—49 years	48	42	90
1 year	4	5	9	50—54 "	67	39	106
2 years	8	2	10	55—59 "	87	62	149
3 "	—	1	1	60—64 "	119	84	203
4 "	3	2	5	65—69 "	175	119	294
5—9 "	5	4	9	70—74 "	231	215	446
10—14 "	6	—	6	75—79 "	202	227	429
15—19 "	6	3	9	80—84 "	196	241	437
20—24 "	10	4	14	85—89 "	120	141	261
25—29 "	7	2	9	90—94 "	38	67	105
30—34 "	14	6	20	95 and over	7	17	24
35—39 "	13	12	25				
40—44 "	22	20	42	Totals	1,460	1,375	2,835

TABLE 6.—INFANT MORTALITY

Sex	Under 1 day	1 day and less than 7 days	1—4 weeks	1—2 months	2—3 months	3—6 months	6—12 months	Total	Deaths of Illegitimate Children
Males	24	26	6	4	3	3	6	72	2
Females	15	10	7	1	8	9	10	60	—
Total	39	36	13	5	11	12	16	132	2

TABLE 7.—COMPARATIVE RATES

Area	Rate per 1,000 population				Rate per 1,000 Live Births Registered	
	Marriage	Birth	Death	Death Rate from Tuberculosis	Infant Mortality	Maternal Mortality
England and Wales ...	7.5	16.5	11.6	0.08	22	0.39
Northern Ireland ...	6.8	21.9	10.9	0.10	28	0.55
County Down ...	5.9	20.7	11.1	0.09	25	0.95

TABLE 8.—CAUSES OF DEATH AT DIFFERENT AGE PERIODS

Abbreviated List No.	Causes of Death	Males												Females																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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		Under 1 month	1-6 months	6-12 months	Total			Under 1 month	1-6 months	6-12 months	Total			Under 1 month	1-4 years	5-14 years	15-24 years			25-44 years	45-64 years	65-74 years	75 years and over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
B1	Tuberculosis of Respiratory System	17	—	—	—	17	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Continued Overleaf

TABLE 8.—CAUSES OF DEATH AT DIFFERENT AGE PERIODS—Continued.

Abbreviated List No.	Causes of Death	Males										Females																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
		Aged					Total Deaths	Aged					Total	Aged					Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		Under 1 year				Total		Under 1 year				Total		Under 1 year				Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
		Under 1 month	1-6 months	6-12 months	1-4 years			Under 1 month	1-6 months	6-12 months	1-4 years			Under 1 month	1-6 months	6-12 months	1-4 years			Under 1 month	1-6 months	6-12 months	1-4 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
B29	Hypertension without Heart Disease	21	—	—	—	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

TABLE 9.—DEATHS FROM CANCER BY SEX AND SITE

Detailed List Nos.	Sites						Males	Females	Totals
Buccal Cavity and Pharynx									
140	Lip	...	...	...	...	...	1	1	2
141	Tongue	...	...	...	...	...	1	—	1
142	Salivary Gland	...	...	...	...	...	1	—	1
143—144	Mouth	...	...	...	...	...	5	—	5
145—148	Pharynx	...	...	...	...	...	2	—	2
Digestive Organs and Peritoneum									
150	Oesophagus	...	...	...	...	...	8	7	15
151	Stomach	...	...	...	...	...	41	48	89
152—153	Intestines	...	...	...	...	...	20	31	51
154	Rectum	...	...	...	...	...	20	11	31
155—156	Biliary Passages and Liver	...	...	...	...	...	3	12	15
157	Pancreas	...	...	...	...	...	8	9	17
158	Peritoneum	...	...	...	...	...	—	4	4
159	Other Digestive Organs	...	...	...	...	...	—	—	—
Respiratory System									
160	Nose, Nasal Cavities, etc.	...	...	...	...	...	1	—	1
161	Larynx	...	...	...	...	...	—	2	2
162—163	Trachea, Bronchus and Lungs	...	...	...	...	...	47	12	59
164	Mediastinum	...	...	...	...	...	1	1	2
165	Thoracic Organs (Secondary)	...	...	...	...	...	—	—	—
Breast and Genito-Urinary Organs									
170	Breast	...	...	...	...	...	1	30	31
171—174	Uterus	...	...	...	...	...	—	12	12
175	Ovary, Fallopian Tube and Broad Ligament	...	...	...	...	...	—	12	12
176	Other Female Genital Organs	...	...	...	...	...	—	1	1
177	Prostate	...	...	...	...	...	15	—	15
178	Testis	...	...	...	...	...	2	—	2
179	Other Male Genital Organs	...	...	...	...	...	1	—	1
180	Kidney	...	...	...	...	...	8	5	13
181	Bladder and Other Urinary Organs	...	...	...	...	...	7	2	9
Other and Unspecified Sites									
190—191	Skin	...	...	...	...	...	—	2	2
192	Eye	...	...	...	...	...	—	—	—
193	Brain and other parts of the Nervous System	...	...	...	...	...	6	5	11
194	Thyroid Gland	...	...	...	...	...	—	3	3
195	Other Endocrine Glands	...	...	...	...	...	—	—	—
196	Bone	...	...	...	...	...	3	1	4
197	Connective Tissue	...	...	...	...	...	1	—	1
198—199	Other Sites	...	...	...	...	...	12	7	19
200—202	Neoplasms of Lymphatic and Haematopoietic Tissues (Exclusive of Hodgkin's Disease, Leukaemia, etc.)	...	...	...	...	...	4	6	10
203—205									
TOTAL							219	224	443

TABLE 10.—COMPARATIVE RATES FOR THE COUNTY, 1946-1959

Year	Rates per 1,000 Live Births Registered			Neo-Natal Mortality among Premature Babies — Rate per 100 Live Premature Births	
	Infant Mortality	Neo-Natal Mortality	Still Birth	All Premature Births	Domiciliary Premature Births
1946	45.9	N/A.	N/A.	N/A.	N/A.
1947	46.7	24.0	N/A.	N/A.	N/A.
1948	36.3	22.9	N/A.	N/A.	N/A.
1949	40.3	22.7	26.6	24.7	22.2
1950	35.4	22.2	28.2	21.6	20.7
1951	40.0	26.1	28.9	26.9	28.2
1952	34.1	21.7	31.6	18.6	17.4
1953	30.3	17.5	29.1	13.0	15.6
1954	31.0	21.3	27.7	19.6	15.1
1955	26.0	17.4	32.7	14.3	14.7
1956	27.8	20.7	26.8	19.9	18.4
1957	23.1	16.5	31.6	14.5	14.5
1958	24.9	17.7	25.7	13.3	13.8
1959	25.1	16.7	24.6	15.4	9.6

(N/A. denotes figures not available).

GRAPHICAL PRESENTATION OF TRENDS OF RATES IN TABLE 10

Infant Mortality———— Neo-Natal Mortality————
Still Birth———— Neo-Natal Mortality
among Premature Babies————

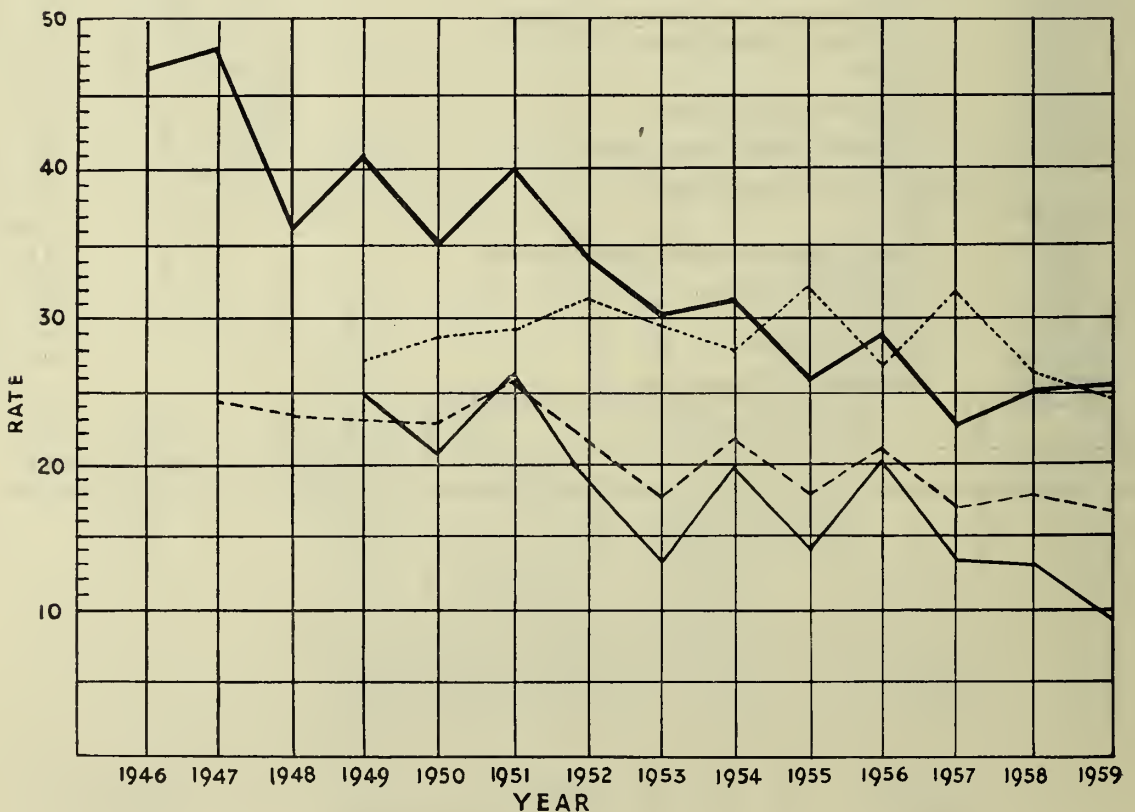


TABLE 11.—POPULATION, BIRTHS, DEATHS AND SCHOOL POPULATION IN RELATION TO THE SCHEME OF DIVISIONAL ADMINISTRATION

Division	Local District	1951		1958	1959										Deaths		School Population		
		Child Population under 15 years	Total Population (Census of Population 8/4/51)	Live Births Registered	Esti- mated Popu- lation	Births						Number of Live Births notified in accordance with the Notification of Births Acts (as adjusted for transferred notifications)		All Infants under 1 year	All Ages	No. of Schools	Average No. on Rolls		
						Number of Live Births registered by the Registrar General (as adjusted for transferred registrations)			Number of Live Births notified in accordance with the Notification of Births Acts (as adjusted for transferred notifications)										
						Male		Female		Total	Male		Female					Total	
						Male	Female	Total	Male	Female	Total								
1	Bangor Borough Donaghadee Urban North Down Rural (Part)* Total	4,419 841 1,642 6,902	20,610 3,400 6,305 30,315	372 49 107 528	22,840 3,170 5,988 31,998	163 20 64 247	155 27 48 230	318 47 112 477	261 }	237	498	2 — 2 4	3 1 3 7	353 55 74 482	24 }	5,384 5,384			
2	Newtownards Borough North Down Rural (Part)* Total	3,257 6,569 9,826	12,243 25,220 37,463	217 430 647	12,880 23,952 36,832	125 257 382	119 190 309	244 447 691	377 }	314	691	4 10 14	7 11 18	120 296 416	50 }	7,225 7,225			
3	Holywood Urban Castlereagh Rural Hillsborough Rural Total	1,540 6,085 5,683 13,308	6,316 20,487 23,876 50,679	171 711 479 1,361	7,460 33,030 24,540 65,030	92 407 278 777	73 361 238 672	165 768 516 1,449	808 }	667	1,475	6 6 9 21	7 8 13 28	84 201 265 550	58 }	11,031 11,031			
4	Banbridge Urban Moira Rural Banbridge Rural (including Dromore Urban) Total	1,588 2,163 6,582 10,333	6,099 8,937 24,320 39,356	126 163 488 777	6,230 8,520 23,010 37,760	72 82 247 401	59 71 200 330	131 153 447 731	423 }	361	784	2 4 10 16	3 5 11 19	79 91 252 422	67 }	6,000 6,000			
5	Downpatrick Urban Downpatrick Rural Total	1,126 8,578 9,704	3,879 31,529 35,408	120 625 745	3,920 31,300 35,220	48 356 404	62 318 380	110 674 784	390 }	361	751	2 9 11	5 18 23	41 352 393	72 }	8,279 8,279			
6	Newry Urban Newry No. 1 Rural (including Warrenpoint Urban) Kilkeel Rural (including Kilkeel Urban and Newcastle Urban) Total	4,113 4,551 5,403 14,067	13,261 15,799 18,900 47,960	311 371 404 1,086	12,530 15,750 19,180 47,460	169 150 217 536	170 194 221 585	339 344 438 1,121	540 }	592	1,132	11 4 7 22	18 7 12 37	134 193 245 572	78 }	10,537 10,537			
	Grand Totals	64,140	241,181	5,144	254,300	2,747	2,506	5,253	2,799	2,532	5,331	88	132	2,835	349	48,456			

* Population and Number of Live Births registered, also Deaths, for North Down Rural Area are apportioned to Divisions 1 and 2 in the proportion of 1 and 4.

COMMENTS ON VITAL STATISTICS

1. POPULATION :

My previous Annual Reports referred to the continuing growth of the County population and the upward trend has been maintained during the year under review. The natural increase of population for the year is 2,418, representing the excess of the Total Live Births Registered, 5,253, over the Total Deaths Registered, 2,835. The following are comparative figures of Births and Deaths registered since 1948 with the resultant annual natural increases.

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
No. of Births												
Registered	4,714	4,664	4,685	4,670	4,689	4,913	4,836	4,951	5,067	5,157	5,144	5,253
No. of Deaths												
Registered	2,718	2,645	2,725	3,022	2,691	2,596	2,749	2,723	2,764	2,710	2,750	2,835
Natural Increase	1,996	2,019	1,960	1,648	1,998	2,317	2,087	2,228	2,303	2,447	2,394	2,418

In the Tables of Vital Statistics appearing in previous pages rates involving calculation on a population basis are calculated on a figure of 254,300, which is the estimated population of the County at 30th June, 1959, as determined by the Registrar General. The population at the 8th April, 1951, according to the census taken on that date was 241,181.

2. MARRIAGES :

The number of marriages recorded during the year, 1,498, is an increase of 84 on the total of 1,414 recorded for the previous year. The marriage rate for the year is 5.9 per 1,000 estimated population, in comparison with the rates of 5.7, 5.5, 6.2, 5.9, 5.8 and 5.6 for 1953, 1954, 1955, 1956, 1957 and 1958 respectively. Marriage figures relate only to those marriages celebrated within the County, there being no system of re-allocation according to the normal place of residence.

3. (a) BIRTHS :

Registered Live Births, 5,253, are higher by 109 than the number recorded during the previous year and represent the highest total recorded during the last twelve years. The birth rate, 20.7 per 1,000 estimated population, shows a slight increase on that of 20.5 recorded for the previous year and is similar to the rate for 1957, the birth rate for each of the past four years being consistently high when compared with the rate recorded for any year between 1948 and 1955.

Compared with the total of 5,253 Registered Live Births for the year, Table 13 shows that a total of 5,331 Live Births were notified, notifications thus being in excess of registrations by 78, and representing a wide disparity when compared with the returns for the previous three years. With the exception of 1955 an excess of notifications over registrations has occurred in each year since compulsory notification was introduced as a statutory measure to the whole of the County. Reference to Table 16 which contains comparative figures of births since 1950 shows that from 1950 to 1954 the excesses were significant but from 1956 to 1958 they were considerably reduced and of negligible proportions.

(b) ILLEGITIMATE BIRTHS :

One hundred and ten Illegitimate Live Births were registered during the year under review in comparison with totals of 115, 88, 108, 91, 103, 92 and 104 for the years 1952, 1953, 1954, 1955, 1956, 1957 and 1958 respectively. The total number of Illegitimate Live Births recorded in Northern Ireland during the year was 744 in comparison with a total of 709 for the previous year.

The Infant Mortality Rate among Illegitimate Children for the year was 18.2 and continued to show a favourable trend when compared with a rate of 19.2 for the year 1958 and an average rate of 44.3 for the previous ten years.

4. DEATHS :

Two thousand eight hundred and thirty five deaths were registered during the year, an increase of 85 on the total of 2,750 registered during the previous year. The following are comparative figures of total deaths and death rates recorded for each year since 1948 :

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Total Deaths	2,718	2,645	2,725	3,022	2,691	2,596	2,749	2,723	2,764	2,710	2,750	2,835
Death Rate	11.7	11.3	11.6	12.5	11.2	10.7	11.2	11.1	11.2	10.9	10.9	11.1

Heart Disease was again the greatest single cause of death, the number of deaths registered as due to its various forms during the year being 1,106 and representing 39.0 per cent. of the total deaths that occurred. The following are comparative figures of deaths due to Heart Disease, all forms, according to age groups, since 1950 from which it will be noted that during this year 49.7 per cent. of the deaths in this category relate to the age group "75 years and over," 28.8 per cent. to the age group "65 years and under 75 years," and 19.3 per cent. to the age group "45 to 64 years," the general distribution being almost similar to that of the previous year.

	Under 25 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over	Total
1950 No. of Deaths	4	26	179	285	506	1,000
(per cent.	0.4	2.6	17.9	28.5	50.6)	
1951—No. of Deaths	3	21	173	279	542	1,018
(per cent.	0.3	2.1	17.0	27.4	53.2)	
1952—No. of Deaths	4	25	190	298	505	1,022
(per cent.	0.4	2.4	18.6	29.2	49.4)	
1953—No. of Deaths	2	19	182	289	457	949
(per cent.	0.2	2.0	19.2	30.4	48.2)	
1954—No. of Deaths	3	21	175	276	519	994
(per cent.	0.3	2.1	17.5	27.8	52.3)	
1955—No. of Deaths	6	15	166	280	505	972
(per cent.	0.6	1.5	17.1	28.8	52.0)	
1956—No. of Deaths	3	34	184	271	533	1,025
(per cent.	0.3	3.2	18.0	26.5	52.0)	
1957—No. of Deaths	4	19	195	291	553	1,062
(per cent.	0.4	1.8	18.3	27.4	52.1)	
1958—No. of Deaths	3	20	218	308	544	1,093
(per cent.	0.3	1.8	19.9	28.2	4.89)	
1959—No. of Deaths	3	21	213	319	550	1,106
(per cent.	0.3	1.9	19.3	28.8	49.7)	

In the age group "75 years and over " the greater proportion of the deaths due to Heart Disease relates to females while in each of the other groups the greater proportion relates to males, the position being most marked in the age group "45 to 64 years " in which deaths of males have shown almost continuous increases during the last ten years. Of a total of 218 deaths in the age group "45 to 64 years " during the year under review 141 related to males and 72 to females in comparison with 141 deaths of males and 77 of females in 1958 and 97 relating to males and 82 to females in 1950.

The Death Rate from Heart Disease, all forms, for the year under review, 4.3 per 1,000 estimated population, is similar to that recorded for the previous year.

Cancer ranked second as the greatest single cause of death, 443 deaths being registered as attributable to it during the year, representing 15.6 per cent. of the total deaths that occurred in the County in comparison with 15.2 per cent. in the previous year. The following figures show the number of deaths from Cancer during the past fourteen years from which it will be noted that there has been a progressive increase in the total deaths from this cause in each year since 1954 :

	Deaths of Males	Deaths of Females	Total Deaths		Deaths of Males	Deaths of Females	Total Deaths
1946—	178	180	358	1953—	180	197	377
1947—	184	177	361	1954—	164	196	360
1948—	149	206	355	1955—	181	209	390
1949—	162	189	351	1956—	171	219	390
1950—	177	172	349	1957—	204	198	402
1951—	173	169	342	1958—	194	225	419
1952—	193	164	357	1959—	219	224	443

Classification of the deaths from Cancer according to sex shows that the number of deaths of males from this cause, 219, is substantially higher than the total recorded for any year since 1946. The most frequent sites of fatal Cancer among males during the year were Trachea Bronchus and Lungs 47, Stomach 41, Intestines 20, Rectum 20 and Prostate 15. Prior to the year under review Cancer of the Stomach proved to be the most frequent site of fatal cancer among males excepting 1956 when Cancer of the Trachea, Bronchus and Lungs emerged as the most frequent site and the latter re-appears again as the most frequent site for 1959. The number of deaths of males attributed to Cancer of the Trachea, Bronchus and Lungs since 1950 were :—

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
18	25	20	30	31	22	45	36	30	47

Deaths of females from Cancer, 224, are lower by one than the number recorded for the previous year but are substantially higher than those recorded for any other year since 1946. The most frequent sites of fatal Cancer among females were Stomach 48, Intestines 31, Breast 30, Biliary Passages and Liver 12, Trachea Bronchus and Lungs 12, Uterus 12 and Ovary, Fallopian Tube and Broad Ligament 12.

Comparative figures of deaths from Cancer according to age groups are as follows :

	14 years and under	15—24 years	25—44 years	45—64 years	65—74 years	75 years and over
1950—No. of Deaths	1	1	24	117	109	97
(per cent.	0.3	0.3	6.8	33.5	31.2	27.9)
1951—No. of Deaths	1	1	17	121	112	90
(per cent.	0.3	0.3	5.0	35.4	32.7	26.3)
1952—No. of Deaths	1	1	20	130	105	100
(per cent.	0.3	0.3	5.6	36.4	29.4	28.0)
1953—No. of Deaths	5	4	16	115	125	112
(per cent.	1.3	1.0	4.2	30.5	33.2	29.7)
1954—No. of Deaths	3	2	26	119	101	109
(per cent.	0.8	0.6	7.2	33.0	28.1	30.3)
1955—No. of Deaths	2	1	24	114	132	117
(per cent.	0.5	0.3	6.2	29.2	33.8	30.0)
1956—No. of Deaths	2	1	23	132	109	123
(per cent.	0.5	0.3	5.9	33.8	28.0	31.5)
1957—No. of Deaths	1	2	21	124	133	121
(per cent.	0.2	0.5	5.2	30.9	33.1	30.1)
1958—No. of Deaths	—	2	20	138	108	151
(per cent.	—	0.5	4.8	32.9	25.8	36.0)
1959—No. of Deaths	5	1	21	129	150	137
(per cent.	1.1	0.2	4.8	29.1	33.9	30.9

The foregoing figures illustrate no distinct trends, fluctuations of varying degree appearing from year to year in each group, but in general the average number of deaths from Cancer in the three upper groups during the last five years indicates that the highest mortality rate is associated with the group “ 75 years and over.”

Deaths due to Vascular Lesions of the Central Nervous System numbered 381 in comparison with totals of 360, 369, 345, 366, 404, 410, 381 and 387 for the years 1951, 1952, 1953, 1954, 1955, 1956, 1957 and 1958 respectively.

There were 37 deaths from Influenza and 112 deaths from Pneumonia in comparison with respective totals of 11 and 105 for the previous year, the increase in deaths from Influenza between the two years being almost entirely applicable to the age groups “ 65 to 74 years ” and “ 75 years and over ” in which together 10 deaths occurred in 1958 and 31 deaths in 1959 while in the age group “ under 1 year ” 3 deaths were registered as due to Influenza in 1959 in comparison with a nil return for 1958.

Deaths from Bronchitis numbered 69 in comparison with totals of 64, 71, 63 and 62 for 1955, 1956, 1957 and 1958 respectively.

Deaths due to Hodgkin's Disease and Leukaemia, 21, are higher by 9 than the total recorded for the previous year, while deaths attributed to Diabetes Mellitus, 21, show an increase of 6.

No deaths were recorded as due to Rheumatic Fever, while deaths caused by Chronic Rheumatic Heart Disease, 28, are higher by 7 than the figure for the previous year.

There were 13 deaths from Cirrhosis of the Liver, an increase of 6 on the previous year and representing a higher mortality from this cause in comparison with any of the previous ten years.

Deaths due to Nephritis and Nephrosis numbered 22, an increase of 12 on the total for the previous year, while those attributed to Hyperplasia of Prostate, 16, show a decrease of 12 on the previous year's total.

Once again it is gratifying to report a further reduction in the number of deaths due to Tuberculosis. Deaths registered during the year as due to all forms of this disease totalled 22, a new low record mortality rate. The following figures show the deaths resulting from Tuberculosis during the past twelve years and indicate a most striking decline over that period, the total for the year under review representing a decrease of 86 per cent. on that recorded for 1948.

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Deaths due to Tuberculosis of the Respiratory System	125	88	71	84	55	46	34	31	22	28	29	17
Deaths due to Other Forms of Tuberculosis	33	27	21	23	16	10	15	6	5	3	6	5
Total Deaths	158	115	92	107	71	56	49	37	27	31	35	22

The marked fall in the mortality from Tuberculosis, particularly the respiratory form of the disease is a most important advance, reflecting the great success achieved in the treatment and curative fields. However, while the figures indicate that Tuberculosis is not now one of the major causes of death the problem of the control of Tuberculosis infection remains serious having regard to the fact that the rate of decrease in the figures of mortality has been greater than the rate of decline in the incidence of the disease, as is evident by reference to the Section of this report dealing with Infectious Diseases. Noteworthy advances have been made in recent years in the field of prevention but many sources of undiscovered infection remain in the community presenting a formidable challenge to the preventive services in their efforts to eradicate the disease. Through new legislation introduced during the year under review certain of the preventive domiciliary services in relation to Tuberculosis became the statutory responsibility of the Health Committee and references to these transferred functions are contained in other pages of this report.

Eighty-seven deaths from Accidents (all types) were registered during the year, an increase of 7 on the total registered in the previous year. The following are comparative figures of deaths from Accidents as allocated between Motor Vehicle Accidents and Other Accidents from which it will be noted that following a welcomed reduction in the previous year, the totals in each group have again become disappointingly high.

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Deaths due to Motor Vehicle Accidents	23	34	22	23	40	19	26	31	26	29
Deaths due to Other Accidents	57	53	49	69	46	62	57	61	54	58
Total Deaths	80	87	71	92	86	81	83	92	80	87

From the following comparative figures of deaths due to Accidents (other than Motor Vehicle Accidents) since 1950 it will be seen that the majority of such deaths in each year apply to elderly persons, 34 deaths or 59 per cent. of the total of 58 during the year under review relating to persons aged 65 years and over.

	Under 1 year	1—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65—74 years	75 years and over	Total
1950	3	1	2	4	4	15	8	20	57
1951	4	5	3	8	4	12	4	13	53
1952	2	2	1	2	8	7	3	23	48
1953	8	3	4	4	13	8	9	20	69
1954	4	4	3	1	5	3	6	20	46
1955	7	3	4	2	6	11	5	24	62
1956	3	3	4	1	8	13	6	19	57
1957	3	3	—	4	9	8	6	28	61
1958	—	2	1	4	6	8	6	27	54
1959	2	2	2	3	7	8	9	25	58

Much health education has been devoted to the problem of accident prevention through the media of exhibitions, films, posters and lectures and while in general there is evidence of an increasing desire on the part of the public to co-operate in achieving a higher degree of personal safety it is a matter for regret that so many fatal accidents continue to occur in the home environment. There is some satisfaction in observing that the number of deaths from accidents among young children continues at a much lower level than had previously been the case and this can no doubt in some measure be attributed to the steps taken in the campaign for accident prevention.

5. INFANT MORTALITY :

Deaths of Infants under One Year of Age totalled 132 in comparison with the following for the previous ten years :—

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
188	166	187	160	149	150	129	141	119	128

The Infant Mortality Rate is 25.1 per 1,000 Live Births Registered in comparison with the record low rate of 23.1 recorded in 1957 and the second lowest rate of 24.9 recorded in 1958. Table 10 shows the trend of the Infant Mortality Rate in the County for the past fourteen years.

The principal causes of death in this category were :

Diseases peculiar to Early Infancy	36
Congenital Malformations	32
Birth Injury, Post-Natal Asphyxia and Atelectasis	26
Pneumonia	13

Deaths in the category Diseases peculiar to Early Infancy show an increase of 13 on the total for the previous year, in which a record low number of deaths under this heading was recorded. Deaths attributed to Congenital Malformations, 32, are lower by 12 than the total for the previous year, while the number of deaths due to Birth Injury, Post Natal Asphyxia and Atelectasis, 26, is a decrease of 9 on the total for 1958. The number of deaths of Infants under One Year due to Pneumonia, 13, is a record low total being lower by 23 than the number attributed to this cause in 1950.

Of the total of 132 Infant Deaths 2 related to illegitimate children in comparison with 5 out of a total of 141 in 1956, 4 out of a total of 119 in 1957 and 2 out of a total of 128 in 1958.

6. NEO-NATAL DEATHS :

The number of deaths which occurred at ages of less than one month was 88, giving a Neo-Natal Death Rate of 16.8 per 1,000 Live Births Registered. Details of the corresponding rates since 1947, the first year in which statistics in relation to Neo-Natal Deaths are available for the County as a whole are contained in Table 10.

From the following comparative figures of Neo-Natal deaths classified according to age groups it will be seen that there has been a further decrease in the mortality rate in the "Under 1 day" group, but a slight increase occurred in the "1 to 6 days" group, while in the age groups 1 to 4 weeks the improved position noted in 1957 was maintained.

	Under 1 day	1 to 6 days	1 to 4 weeks	Total
1948	43 (9.1)	40 (8.5)	25 (5.3)	108
1949	44 (9.4)	46 (9.9)	16 (3.4)	106
1950	34 (7.3)	49(10.5)	21 (4.5)	104
1951	54(11.6)	44 (9.4)	24 (5.1)	122
1952	48(10.2)	37 (7.9)	17 (3.6)	102
1953	46 (9.4)	25 (5.1)	15 (3.0)	86
1954	56(11.6)	34 (7.0)	13 (2.7)	103
1955	44 (8.9)	30 (6.1)	12 (2.4)	86
1956	47 (9.3)	45 (3.9)	13 (2.5)	105
1957	40 (7.8)	32 (6.2)	13 (2.5)	85
1958	40 (7.8)	32 (6.2)	19 (3.7)	91
1959	39 (7.4)	36 (6.9)	13 (2.5)	88

Other diseases peculiar to Early Infancy (36 deaths), Birth Injury, Post Natal Asphyxia and Atelectasis (25 deaths), Congenital Malformations (18 deaths) and Infections of the New-born (7 deaths) account for practically all of the Neo-Natal deaths, the respective totals from these causes during the previous year being 22, 35, 25, and 8.

Neo-Natal deaths registered under the various causes and associated with prematurity totalled 41, in comparison with the figure of 57 deaths of Premature Babies recorded in Table 36 as occurring at ages of less than one month.

7. MATERNAL MORTALITY :

Deaths registered during the year as being due to Complications of Pregnancy, Childbirth and the Puerperium numbered 5 in comparison with totals of 2, 4, 5, 5 and 3 for 1954, 1955, 1956, 1957 and 1958 respectively.

MATERNITY AND CHILD HEALTH

TABLE 12—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—NUMBER AND CLASSIFICATION OF BIRTHS NOTIFIED AND RELATIVE EQUIVALENT CONFINEMENTS

		Live Births	Still Births	Total Births	Multiple Births		Equivalent Confinements
					Twin	Triplet	
(a) Number of births notified arising from confinements which occurred within the County.	Domiciliary	1,620	25	1,645	17*	—	1,629
	Hospital	2,093	62	2,155	32	—	2,122
	Nursing Home	23	—	23	—	—	23
	Total	3,736	87	3,823	49	—	3,774
(b) Number of births notified to other Health Authorities (included in Part (a)).	Domiciliary	8	1	9	—	—	9
	Hospital	125	2	127	1	—	126
	Nursing Home	3	—	3	—	—	3
	Total	136	3	139	1	—	138
(c) Number of births notified arising from confinements which occurred in other Health Authority Areas.	Domiciliary	10	—	10	—	—	10
	Hospital	1,626	47	1,673	38	—	1,635
	Nursing Home	95	—	95	1	—	94
	Total	1,731	47	1,778	39	—	1,739
(d) Net total notified births applicable to the County.	Domiciliary	1,622	24	1,646	17*	—	1,630
	Hospital	3,594	107	3,701	69	—	3,631
	Nursing Home	115	—	115	1	—	114
	Total	5,331	131	5,462	87	—	5,375

* Includes a twin birth in which the first baby was born at home and the second in hospital.

TABLE 13—NOTIFICATION OF BIRTHS ACTS 1907 AND 1915—NUMBER OF BIRTHS NOTIFIED DURING EACH QUARTER OF THE YEAR AND NUMBER OF BIRTHS (LIVE) REGISTERED BY THE REGISTRAR GENERAL

Quarter	Notified in County and applicable to County		Notified to Other Health Authorities		Notified by Other Health Authorities		Net Births applicable to the County			Births (Live) Registered by the Registrar General	Excess or Deficiency of Live Births Notified in comparison with Live Births Registered	
	Live	Still	Live	Still	Live	Still	Live	Still	Total		Excess	De-ficiency
1st	922	23	26	—	449	12	1,371	35	1,406	1,312	59	—
2nd	977	21	43	—	459	16	1,436	37	1,473	1,448	—	12
3rd	877	20	38	3	433	11	1,310	31	1,341	1,298	12	—
4th	824	20	29	—	390	8	1,214	28	1,242	1,194	20	—
Total	3,600	84	136	3	1,731	47	5,331	131	5,462	5,252	79	—

TABLE 14.—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—ALLOCATION OF NET TOTAL NOTIFIED BIRTHS (PART D OF TABLE 12) ACCORDING TO DIVISIONAL AREAS, SEX, PLACE OF BIRTH AND EQUIVALENT CONFINEMENTS WITH LIVE AND STILL BIRTH RATES

Division	Total Live and Still Births	Live Births				† Live Birth-rate per 1,000 Population	Still Births				Still Birth Rate per 1,000 Live Births Notified		Multiple Births		Equivalent Confinements				Domiciliary Hospital *				
		Total	Sex		Place of Birth			Total	Male	Female	Un-classified	Place of Birth			Twin	Triplet	Total	Domiciliary		Hospital			
			Male	Female	Domiciliary		Hospital					Nursing Home											
1	503	498	261	237	60	422	16	15.6	5	2	3	—	1	4	—	10.0	5	—	498	61	421	16	—
2	718	691	377	314	217	465	9	18.8	27	14	13	—	6	21	—	39.1	9	—	709	220	480	9	—
3	1,498	1,475	808	667	403	993	79	22.7	23	11	12	—	5	18	—	15.6	20	—	1,478	405	995	78	—
4	806	784	423	361	137	646	1	20.8	22	14	8	—	1	21	—	28.1	13	—	793	136	656	1	—
5	778	751	390	361	365	381	5	21.3	27	12	15	—	7	20	—	35.9	16	—	762	366	390	5	1
6	1,159	1,132	540	592	440	687	5	23.9	27	13	14	—	4	23	—	23.9	24	—	1,135	441	689	5	—
Total	5,462	5,331	2,799	2,532	1,622	3,594	115	21.0	131	66	65	—	24	107	—	24.6	87	—	5,375	1,629	3,631	114	1

† The Live Birth Rates shown are calculated on the Registrar-General's relative estimate of population as shown in Table 11.

* One Twin Birth occurred, in Division 5, in which the first baby was born at home and the second in hospital.

TABLE 15.—ALLOCATION OF BIRTHS NOTIFIED BY HOSPITALS

Hospital	Division 1		Division 2		Division 3		Division 4		Division 5		Division 6		County			Notified to other Health Authorities			Grand Totals		
	Live	Still	Live	Still	Live	Still	Live	Still	Live	Still	Live	Still	Live	Still	Total	Live	Still	Total	Live	Still	Total
Banbridge ...	—	—	—	—	4	—	468	12	1	—	37	—	510	12	522	37	2	39	547	14	561
Bangor ...	257	—	6	—	19	—	—	—	1	—	2	—	285	—	285	6	—	6	291	—	291
Downe ...	—	—	—	—	10	—	—	—	295	19	64	3	371	23	394	1	—	1	372	23	395
Quoile ...	—	—	—	—	1	—	2	1	1	—	99	2	101	2	103	101	—	1	101	2	103
Mourne ...	—	—	—	—	—	—	—	—	—	—	53	—	53	—	53	52	—	52	105	—	105
Newry General ...	145	3	394	20	98	—	—	—	10	—	—	—	647	23	670	29	—	29	676	23	699
Newtownards ...	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	—	1	—	1
Total	402	3	400	20	132	—	470	13	309	19	255	5	1,968	60	2,028	125	2	127	2,093	62	2,155
Belfast City ...	3	—	18	—	331	5	2	—	14	—	1	—	369	5	374	—	—	—	—	—	—
Daisy Hill ...	—	—	1	—	175	6	1	—	19	—	411	16	413	16	429	—	—	—	—	—	—
Laganvalley ...	—	—	—	—	—	—	49	1	—	—	—	—	243	7	250	—	—	—	—	—	—
Lurgan ...	—	—	—	—	—	—	95	6	—	—	1	—	96	6	102	—	—	—	—	—	—
Malone Place ...	2	—	2	—	54	1	—	—	3	1	—	—	61	2	63	—	—	—	—	—	—
Mater ...	—	—	4	—	15	—	4	—	15	—	2	—	40	—	40	—	—	—	—	—	—
Royal Maternity ...	7	1	24	1	210	6	5	—	15	—	13	2	274	10	284	—	—	—	—	—	—
Johnstone House ...	7	—	12	—	60	—	4	—	4	—	2	—	89	—	89	—	—	—	—	—	—
Samaritan ...	1	—	4	—	15	—	1	—	1	—	—	—	22	—	22	—	—	—	—	—	—
Carlton ...	—	—	—	—	—	—	15	1	—	—	—	—	15	1	16	—	—	—	—	—	—
Other ...	—	—	—	—	1	—	—	—	1	1	2	—	4	—	4	—	—	—	—	—	—
Total	20	1	65	1	861	18	176	8	72	1	432	18	1,626	47	1,673	—	—	—	—	—	—
GRAND TOTALS	422	4	465	21	993	18	646	21	381	20	687	23	3,594	107	—	—	—	—	—	—	—
	426		486		1,011		667		401		710		3,701		—		—		—		—

TABLE 16.—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—COMPARATIVE BIRTH
STATISTICS FROM 1950

Registered Live Births	Rate per 1,000 Population	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
		4,685 19.7	4,670 19.3	4,689 19.5	4,913 20.2	4,836 19.8	4,951 20.2	5,067 20.5	5,157 20.7	5,144 20.5	5,253 20.7
Notified Live Births	Rate per 1,000 Population	4,805 20.3	4,788 19.8	4,794 19.9	4,942 20.4	4,894 20.0	4,907 20.1	5,071 20.5	5,160 20.7	5,147 20.5	5,331 21.0
Difference between Notified Live Births and Registered Live Births		120	118	105	29	58	—	4	3	3	78
Notified Still Births		—	—	—	—	—	44	—	—	—	—
Rate per 1,000 Notified Live Births		132	135	148	143	134	162	136	163	132	131
Live Births		2,395	2,228	2,057	2,062	1,948	1,833	1,805	1,805	1,622	1,622
Distribution of Notified Births according to Place of Birth	Domiciliary	2,159	2,348	2,539	2,697	2,723	2,879	3,120	3,190	3,374	3,594
	Hospital	251	212	198	183	223	195	146	165	151	115
	Nursing Home	43	48	49	36	25	31	26	25	21	24
Still Births		88	85	98	106	105	129	107	138	110	107
Live and Still Births		1	2	1	1	4	2	3	—	1	—
Live Births	Domiciliary	2,438	2,276	2,106	2,098	1,973	1,864	1,831	1,830	1,643	1,646
	Hospital	49.4	46.3	42.6	41.3	39.3	36.8	35.2	34.4	31.1	30.1
	Nursing Home	2,247	2,433	2,637	2,803	2,828	3,008	3,227	3,328	3,484	3,701
Live and Still Births		45.5	49.4	53.4	55.1	56.2	59.3	62.0	62.5	66.0	67.8
Live Births	Domiciliary	252	214	199	184	227	197	149	165	152	115
	Hospital	5.1	4.3	4.0	3.6	4.5	3.9	2.8	3.1	2.9	2.1
	Nursing Home	4,937	4,923	4,942	5,085	5,028	5,069	5,207	5,323	5,279	5,462
Grand Total		3,803	3,570	3,508	3,498	3,324	3,407	3,504	3,571	3,556	3,684
Births notified in County and applicable to County		77.0	72.5	71.0	68.8	66.1	67.2	67.3	67.1	67.4	67.4
Births notified by Other Health Authorities		1,134	1,353	1,434	1,587	1,704	1,662	1,703	1,752	1,723	1,778
		23.0	27.5	29.0	31.2	33.9	32.8	32.7	32.9	32.6	32.6

TABLE 17.—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—DETAILS OF MULTIPLE BIRTHS NOTIFIED

Division	No. of Multiple Births	Sex			Condition		
		Male Twins	Female Twins	1 Male 1 Female	Live Born Twins	Still Born Twins	1 Live Born 1 Still Born
1	5	1	4	—	5	—	—
2	9	2	2	5	8	1	—
3	20	5	7	8	19	1	—
4	13	7	2	4	11	—	2
5	16	3	7	6	13	—	3
6	24	6	7	11	22	1	1
Total	87	24	29	34	78	3	6

TABLE 18.—STILLBIRTH RATES PER 1,000 NOTIFIED LIVE BIRTHS FROM 1950 TO 1959

Year	Division						County
	1	2	3	4	5	6	
1950	24.7	31.8	23.4	32.5	21.7	30.2	27.5
1951	21.8	28.3	23.7	25.1	31.3	35.3	28.2
1952	27.6	31.9	23.9	34.5	47.4	25.6	30.9
1953	24.8	32.3	30.7	32.3	31.1	22.9	28.9
1954	23.3	28.1	18.0	28.0	45.8	27.5	27.4
1955	31.5	34.6	33.8	37.1	40.7	23.9	33.0
1956	25.2	28.2	20.8	31.4	36.3	24.2	26.8
1957	20.0	30.3	29.9	29.5	42.2	33.9	31.6
1958	23.3	29.5	22.5	26.4	28.0	27.3	25.6
1959	10.0	39.1	15.6	28.1	35.9	23.9	24.6
Average Rate 1950/1959	23.2	31.4	24.2	30.5	36.0	27.5	28.4

NOTIFICATION OF BIRTHS ACT 1907 and 1915

The Total Number of Births notified, 5,462, is an increase of 183 on the figure of 5,279 recorded for the year 1958 and is the highest total since compulsory notification was introduced in the County in mid 1948. The previous highest total, 5,323, was recorded in 1957. The figure of total notifications for the year under review is 10.6 per cent. higher than that for 1949 the first complete year in which compulsory notification applied.

Domiciliary Births, 1,646, representing 30.1 per cent. of the Total Notified Births, remain at much the same level as those for the previous year when a total of 1,643 was recorded representing 31.1 per cent. of the Total Notified Births for that year. The increase of 3 in Domiciliary Births in comparison with last year is a variation of the trend apparent in this category since 1949, successive annual decreases of varying proportion having occurred since that year up to 1958, the decreases being :—

1950	1951	1952	1953	1954	1955	1956	1957	1958
88	162	170	8	125	109	33	1	187

The total of 1,646 Domiciliary Births for the year is 65.2 per cent of the total of 2,526 recorded in 1949.

Hospital Births, 3,701, are higher by 217 than the total which occurred during 1958 and represent 67.8 per cent. of the Total Notified Births, denoting a continuation of the increase in Hospital Births apparent in previous years. Since 1949 when a total of 2,073 Hospital Births were notified the following successive increases in births in this category have occurred :—

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
174	186	204	166	25	180	219	101	156	217

The total of 3,701 Hospital Births for this year is higher by 1,628, or 78.5 per cent., than the number of such births notified in 1949.

Nursing Home Births, 115, show a decrease of 37 on the figure of 152 notified in the previous year and represent the lowest total recorded since 1949 and are 2.1 per cent. of the Total Notified Births for this year. The number of births in this category have shown fluctuations from year to year but in general presented a downward trend, the total for this year being 61.3 per cent. lower than the figure of 297 recorded in 1949.

The number of births that occurred in other Health Authority Areas to residents of the County, 1,778, is an increase of 55 on the total recorded for the previous year and represents 32.6 per cent. of the Net Total Notified Births applicable to the County, a proportion similar to that found in 1958. Up to 1954 significant successive annual increases occurred in this category but following that year fluctuations occurred in the annual totals recorded, the general trend however remaining upward but at a very much reduced rate of increase.

Reference has been made above to the fact that the number of hospital births continued to increase during the year under review and as noted in the more recent years the greater proportion of the increase again related to hospitals within the County, notifications from hospitals within the County showing an increase of 146 in comparison with the previous year and those from hospitals in other areas an increase of 71. Table 15 shows the births notified by hospitals during the year and the related distribution of such births according to administrative areas. The following are comparative figures of total births notified by hospitals since 1950 from which it will be noted that while the totals relating to hospitals situated outside the County showed the most significant annual increases between 1950 and 1954, the numbers for the last five years indicate a marked development in the utilisation of maternity facilities within the County :—

		1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Notified by Hospitals in County	Births applicable to County	1,290	1,281	1,358	1,362	1,299	1,488	1,643	1,682	1,882	2,028
	Births applicable to other areas	48	65	51	55	66	74	92	91	138	127
Notified by Hospitals in other areas		957	1,152	1,279	1,441	1,529	1,520	1,584	1,601	1,602	1,673

In comparison with a total of 5,253 live births registered by the Registrar-General as being applicable to the County, a total of 5,331 live births were notified during the year, notifications therefore being in excess of registrations by 78, in comparison with relative excesses of 4, 3 and 3 recorded for 1956, 1957 and 1958 respectively. (Still Births although notifiable do not require registration). Table 13 contains comparative figures of registrations and notifications and the relative excess or deficiency of the latter in comparison with the former for each year since 1950. Having regard to the considerable reduction in the difference between the figures from the two sources of compilation of the births applicable to the County in the previous five years it is thought that the relatively much higher excess for the year under review may have arisen as the result of an unusual lag in registrations at the end of the year and that a somewhat compensating deficiency may follow in the next year.

Examination of Table 11 reveals that in no case does the number of live births notified in any of the Divisional Areas agree with the number of births registered, notifications in some being higher than registrations and in others lower. As explained in my previous Annual Reports the differences are due to certain anomalies which exist between the system of notification and that of registration.

A total of 78 illegitimate births were notified during the year comprising 74 live births and four still births, their distribution being :—

Division	1	2	3	4	5	6
Live	11	15	14	7	17	10
Still	—	1	2	—	—	1

while the number of illegitimate live births registered by the Registrar-General was 110, distributed as follows :—

Division	1	2	3	4	5	6
No.	11	19	22	11	20	27.

The difference between the figures of notifications and registrations is attributable to the fact that not all notifications of illegitimate births occurring in Belfast to mothers normally resident in County Down are transferred by the Belfast Health Authority, a number being retained for administrative reasons in connection with the City Child Health and Welfare Services, whereas the births are in general registered as applicable to County Down.

Table 14 contains the Live Birth Rates calculated on Notified Live Births based on the Registrar-General's estimated figures of the mid-year population. The highest local rate, 23.9 per 1,000 population, is recorded against Division 6 which embraces Newry Urban, Kilkeel Urban, Warrenpoint Urban, Newry No. 1 Rural and Kilkeel Rural districts, and the lowest rate, 15.6 per 1,000 population, is found in Division 1, embracing Bangor Borough, Donaghadee Urban and North Down Rural districts.

The overall Still Birth Rate is 24.6 per 1,000 Notified Live Births and represents a record low rate, the previous lowest rate, 25.6, being recorded in 1958. The highest local Still Birth Rate, 39.1 per 1,000 Notified Live Births, is found in Division 2, while the lowest, 10.0, is found in Division 1. Comparative Still Birth Rates for each Divisional Area since 1950 are shown in Table 18 together with the Average Rates over the period.

TABLE 19.—MATERNITY MEDICAL SERVICE—SUMMARY OF PROFESSIONAL SERVICES RENDERED BY GENERAL MEDICAL PRACTITIONERS UNDER THE COUNTY MATERNITY MEDICAL SERVICE, RELATED TO CLASSIFIED CONFINEMENTS

	Domiciliary Confinements	Hospital Confinements		Nursing Home Confinements	Totals
		Conducted by General Practitioners under the County Maternity Medical Service	Conducted by Hospital Staffs		
No. of women examined ante-natally	1,448	964	1,667	90	4,169
No. of ante-natal examinations made	11,714	8,039	12,833	775	33,361
No. of confinements attended by General Practitioners under the Maternity Medical Service	1,418	969	—	86	2,473
No. of women confined in hospital who were attended in labour at home by General Practitioners under the Maternity Medical Service	—	—	140	—	140
No. of Lying-in and post-natal visits made	9,806	6,498	2,907	572	19,783
No. of final pelvic examinations made	1,354	908	1,230	85	3,577
No. of cases in which a General Anaesthetic was administered by a second doctor	19	20	—	2	41
No. of confinements applicable to the County during the year	1,630	3,631		114	5,375

- NOTES :—** 1. Services rendered in the following types of cases are not included in the foregoing table :—
- (i) Cases which resulted in abortion or miscarriage.
 - (ii) Cases in which women obtained services in the ante-natal stage but removed to live permanently in other Health Authority Areas before the actual confinement occurred.
 - (iii) Cases in which the patients were not permanent residents of County Down.
2. In any case in which a woman obtained services from two or more doctors under the Maternity Medical Service, the services rendered by all of the doctors concerned in relation to Ante-Natal Examinations have been treated as if they had been given by one doctor.
3. The figure of 1,418 representing the number of Domiciliary Confinements attended by General Practitioners under the Maternity Medical Service includes 18 confinements in which the patients were only seen in labour or the patients had been delivered before the arrival of the doctor.

TABLE 20.—MATERNITY MEDICAL SERVICE—SUMMARY OF ANTE-NATAL SERVICES RENDERED BY GENERAL MEDICAL PRACTITIONERS RELATED TO CLASSIFIED CONFINEMENTS ACCORDING TO NUMERICAL GRADING OF ANTE NATAL EXAMINATIONS

Ante-Natal Examinations per case	Domiciliary Confinements	Hospital Confinements		Nursing Home Confinements	Totals	
		Conducted by General Practitioners under the County Maternity Medical Service	Conducted by Hospital Staff		No.	%
1	11	4	25	—	40	1.0
2	11	2	35	—	48	1.1
3	25	9	64	1	99	2.4
4	50	18	64	2	134	3.2
5	131	68	142	6	347	8.3
6	219	147	265	7	638	15.3
7	211	137	292	13	653	15.7
8	247	154	226	16	643	15.4
9	161	151	170	13	495	11.9
10	124	105	108	9	346	8.3
11	84	58	83	16	241	5.8
12	45	47	58	4	154	3.7
13	50	33	47	2	132	3.2
14	36	17	45	—	98	2.3
15	30	9	28	—	67	} 2.4
16	2	2	8	1	13	
17	7	1	2	—	10	
18	1	—	3	—	4	
19	2	—	—	—	2	
20	1	—	1	—	2	
22	—	—	1	—	1	
28	—	1	—	—	1	}
29	—	1	—	—	1	
Total	1,448	964	1,667	90	4,169	100.0

TABLE 21.—MATERNITY MEDICAL SERVICE—ANTE-NATAL SERVICES CLASSIFIED ACCORDING TO PERIOD IN WHICH GENERAL PRACTITIONERS BOOKED, AVERAGE ANTE-NATAL EXAMINATIONS PER CASE, EXPECTED PLACE OF CONFINEMENT OF BOOKED CASES, ETC.

ANTE-NATAL SERVICES												No. of Cases in which no Ante-Natal Services rendered by doctors but confinement attended under Maternity Medical Service
No. of women who booked services of doctor in ante-natal period			Average No. of Ante-Natal Examinations on Cases			Expected place of Confinement at time when doctor booked				No. of Cases (Domiciliary Confinements only) in which doctors rendered Ante-Natal Services but did not attend confinement		
			Booked before 28th week	Booked after 28th week	All Cases	Domi- ciliary	Hospital	Nursing Home	Unspeci- fied			
Domiciliary Confinements	Before 28th week	88	1,448	8.3	4.6	8.1	1,256	89	3	100	43	13
	921	43	964	8.5	4.8	8.3	55	872	—	37	—	5
Hospital Confinements conducted by Hospital Staff	1,601	66	1,667	7.8	4.3	7.7	478	1,064	16	109	—	8
	89	1	90	8.7	4.0	8.6	4	5	77	4	—	—
Nursing Home Confine- ments	3,971	198	4,169	8.2	4.6	8.0	1,793	2,030	96	250	43	26
Totals												

TABLE 22.—MATERNITY MEDICAL SERVICE—COMPARATIVE FIGURES OF PROFESSIONAL SERVICES PROVIDED BY GENERAL MEDICAL PRACTITIONERS, 1952-1959.

	Type of Confinement	1952	1953	1954	1955	1956	1957	1958	1959
No. of women examined ante-natally	Domiciliary	1,961	1,780	1,774	1,443	1,642	1,492	1,412	1,448
	Hospital (a)	744	807	765	807	821	828	842	964
	Hospital (b)	1,015	1,040	1,161	1,156	1,311	1,311	1,452	1,667
	Nursing Home	99	98	168	148	124	121	128	90
	Total	3,819	3,725	3,868	3,554	3,898	3,752	3,834	4,169
Average No. of ante-natal examinations	Domiciliary	6.8	6.8	7.0	7.1	7.3	7.5	7.4	8.1
	Hospital (a)	7.5	7.5	7.7	7.9	7.7	8.1	8.1	8.3
	Hospital (b)	6.9	6.9	7.2	7.2	7.1	7.4	7.3	7.7
	Nursing Home	8.2	7.4	8.2	8.3	8.4	8.5	9.1	8.6
	Total	7.0	7.0	7.3	7.4	7.4	7.6	7.6	8.0
No. of confinements attended by General Practitioners under the Maternity Medical Service	Domiciliary	1,981	1,779	1,762	1,445	1,628	1,492	1,372	1,418
	Hospital	749	821	776	831	823	841	845	969
	Nursing Home	—	51	152	137	120	113	121	86
	Total	2,730	2,651	2,690	2,413	2,571	2,446	2,338	2,473
No. of women attended in labour at home before confinement in hospital	Hospital	159	175	155	106	108	108	113	140
	Total	159	175	155	106	108	108	113	140
No. of women who received final pelvic examinations	Domiciliary	1,891	1,689	1,674	1,387	1,532	1,339	1,339	1,354
	Hospital (a)	724	766	739	782	794	791	818	908
	Hospital (b)	829	807	854	886	963	954	1,087	1,230
	Nursing Home	91	88	157	145	119	117	121	85
	Total	3,535	3,350	3,424	3,200	3,408	3,201	3,365	3,577

NOTES :—1. Statistics regarding ante-natal examination and final pelvic examination in relation to hospital confinements are shown separately against Types (a) and (b), the former denoting hospital confinements conducted by General Practitioners under the Maternity Medical Service, and the latter confinements conducted by hospital staff.

2. The Domiciliary Maternity Scheme was extended to include attendance at confinements in Registered Nursing Homes as from 1st May, 1953, only.

MATERNITY MEDICAL SERVICE

As I think it may prove important in the future to be able to study the present trends in the Maternity Medical Service I have again followed the custom which I adopted in previous years of commenting in some detail upon the statistical returns.

TERMS AND CONDITIONS :

No change was made during the year affecting the general terms and conditions of this service.

UTILISATION :

Table 19 is a summary of professional services rendered by doctors under the Maternity Medical Service. The figures contained in the table are a summary of the data contained in case records submitted by medical practitioners during the year under review and are not directly related to confinements which occurred during the year. This practice has also been adopted in the compilation of the figures in Table 22, which is a comparative statement of the returns relating to the service since 1952.

In comparison with the figures for the previous year Table 19 shows a substantial increase in the number of mothers who availed themselves of the ante-natal services provided and also of final pelvic examinations. Reference to Table 22 shows that fluctuations are a common feature of the annual returns relating to the Maternity Medical Service, but consideration of the returns on a quinquennial moving average basis, as will be seen from the following figures, gives an accurate impression of the trend of utilisation of the service.

		Five Years Ended					
		1954	1955	1956	1957	1958	1959
(a)	Average No. of Confinements	4,916	4,941	4,998	5,076	5,111	5,193
(b)	Average No. of Women examined ante-natally	3,754	3,738	3,773	3,759	3,781	3,841
	(b) expressed as percentage of (a)	76.3	75.7	75.5	74.1	74.0	74.0
(c)	Average No. of Women who received final Pelvic examinations	3,435	3,394	3,383	3,319	3,320	3,350
	(c) expressed as percentage of (a)	69.9	68.7	67.7	65.4	65.0	64.5

Comparative figures of confinements which occurred since 1950 according to actual place of confinement are as follows :—

	Domiciliary Confinements	Hospital Confinements	Nursing Home Confinements	Total
1950	2,412 (49.6%)	2,207 (45.3%)	250 (5.1%)	4,869
1951	2,258 (46.5%)	2,383 (49.1%)	210 (4.3%)	4,851
1952	2,085 (42.8%)	2,590 (53.1%)	198 (4.1%)	4,873
1953	2,073 (41.4%)	2,759 (55.0%)	183 (3.6%)	5,021
1954	1,950 (39.3%)	2,790 (56.2%)	226 (4.5%)	4,966
1955	1,849 (37.1%)	2,947 (59.0%)	195 (3.9%)	4,991
1956	1,816 (35.4%)	3,172 (61.7%)	149 (2.9%)	5,137
1957	1,821 (34.6%)	3,283 (62.3%)	163 (3.1%)	5,267
1958	1,628 (31.3%)	3,416 (65.8%)	150 (2.9%)	5,194
1959	1,630 (30.3%)	3,631 (67.6%)	114 (2.1%)	5,375

from which it is seen that the number of hospital confinements shows successive annual increases while domiciliary and nursing home confinements, apart from some minor variations, show decreasing totals of a substantial degree.

The total of domiciliary confinements for this year is an increase of 2 on the figure for the previous year but represents a decrease of 782 on the figure for the year 1950. Since 1950 a fall of 32.4 per cent. has occurred in this category of confinements.

The total of hospital confinements for the year is an increase of 215 on the figure for the previous year and 1,424 on that for 1950. Since 1950 there has been an increase of 64.5 per cent. in this category of confinements.

Nursing home confinements are lower by 36 than the total recorded for the previous year and by 136 than that for 1950, the decrease in this category since 1950 being 54.4 per cent.

The Total Number of Confinements applicable to the County shows an increase of 181 in comparison with the figure for the previous year, and is the highest total recorded since the inception of the Committee's Maternity Schemes, being in excess of the number which occurred in 1950 by 506 or 10.4 per cent.

The comparative figures of classified professional services rendered by general practitioners under the Maternity Medical Scheme as contained in Table 22 and as averaged above indicate that the overall trend of utilisation has been downward. This downward trend is due to the rapid rate of decline in the combined number of domiciliary and nursing home confinements over the period, associated with the fact that the increasing utilisation of hospital maternity facilities inevitably tends to decrease the number of women who avail themselves of the services provided by general practitioners.

BOOKINGS :

Of the total of 4,195 women who received services under the Maternity Medical Scheme, 26 or 0.6 per cent. failed to book the services of doctors before labour commenced, in comparison with 42 or 1.1 per cent. in 1957 and 19 or 0.5 per cent. in 1958. Of the number of women who had booked the services of doctors in the ante-natal period, i.e. 4,169, 198 or 4.7 per cent. did not engage the doctors until after the 28th week of pregnancy a rate which compares favourably with those of 6.8 per cent., 5.1 per cent. and 6.0 per cent. recorded for 1956, 1957 and 1958 respectively.

ANTE-NATAL SUPERVISION :

The Tables show that of 1,630 women confined at home, 1,448 or 88.8 per cent. received ante-natal supervision, while of 3,631 confined in hospital 2,631 or 72.5 per cent. received ante-natal supervision under the Maternity Medical Scheme and 90 or 78.9 per cent. of a total of 114 women confined in nursing homes received such supervision. Thus, in aggregate, of the total of 5,375 women confined during the year, 4,169 or 77.6 per cent. received ante-natal services under the Committee's Scheme. During 1958, 3,834 women received ante-natal services, representing 73.8 per cent. of the total of 5,194 women confined in that year. The total number of cases during the last five years in which women availed themselves of ante-natal services under the Maternity Medical Service represents 74.0 per cent. of the total confinements which occurred in that period.

Table 20 contains a summary of the cases in which ante-natal supervision was provided by doctors classified according to categories of confinements and numerical grading of ante-natal examinations carried out. The following is a comparison of examination groupings for this and the previous seven years from which it is seen that the percentage in the lower group has shown an almost continuous decrease while in the upper group there has been practically a continuous increase, the changes noted reflecting the results of earlier booking of doctors.

	5 Examinations and less	6 to 10 Examinations	11 Examinations and over
1952	26.1%	64.4%	9.5%
1953	26.4%	64.4%	9.2%
1954	23.0%	66.9%	10.1%
1955	22.6%	65.1%	12.3%
1956	23.1%	63.3%	13.6%
1957	19.6%	65.9%	14.5%
1958	21.5%	65.0%	13.5%
1959	16.0%	66.6%	17.4%

AVERAGE ANTE-NATAL EXAMINATIONS PER CASE :

The overall average number of ante-natal examinations per booked case is 8.0, the relative averages for domiciliary confinements, hospital confinements conducted by doctors under the Maternity Medical Service, hospital confinements conducted by hospital staffs and nursing home confinements being 8.1, 8.3, 7.7 and 8.6 respectively. Table 22 contains the averages recorded according to types of confinements since 1952 from which it will be noted that the increase in the various figures up to 1958 has been maintained during this year.

CONFINEMENTS :

The total number of domiciliary confinements which occurred during the year shows an increase of 2 on the figure for the previous year. Of the total of 1,630 domiciliary confinements, doctors attended 1,418 or 87.0 per cent. under the scheme in comparison with 1,372 or 84.3 per cent. out of a total of 1,628 in 1958. During the last five years doctors engaged under the Maternity Medical Service attended at 84.1 per cent. of the domiciliary confinements that occurred over the period.

The number of women confined in hospitals was 3,631 and in 969 cases, or 26.7 per cent., the confinements were conducted by doctors engaged under the Maternity Medical Service and in a further 140 cases, or 3.9 per cent., the patients were attended in labour at home by doctors under the service prior to admission to hospital. In the latter cases the women had originally intended to have their confinements at home but complications necessitated their transfer to hospital for delivery.

The total number of nursing home confinements which occurred during the year was 114 and doctors engaged under the scheme attended at 86, or 75.4 per cent., of these, in comparison with 121, or 80.7 per cent., out of a total of 150 in the previous year.

FINAL PELVIC EXAMINATIONS :

Table 19 shows that of the total of 5,375 women confined during the year 3,577, or 66.5 per cent. received final pelvic examinations under the Maternity Medical Service in comparison with 64.8 per cent. in the previous year.

The number of final pelvic examinations 1,354 made of women who were confined at home represents 83.1 per cent. of the total number of domiciliary confinements and 95.5 per cent. of those confinements which are applicable to the Maternity Medical Service.

The number of final pelvic examinations, 2,138, made of women who were confined in hospitals represents 58.9 per cent. of the total number of hospital confinements which occurred during the year. In relation to hospital confinements conducted by doctors under the Maternity Medical Service, 908 out of a total of 969 received final pelvic examinations or 93.7 per cent., whereas out of a total of 2,662 confinements conducted by hospital staffs the relative number of women who received final pelvic examinations under the Maternity Medical Service was 1,230 or 46.2 per cent. It is, however, important to note that in addition many of the women whose confinements are conducted in hospitals by hospital staff return to post-natal clinics in hospitals for final pelvic examination.

The number of women confined in nursing homes during the year was 114 and of these 85, or 74.6 per cent., received final pelvic examinations under the Maternity Medical Service.

TABLE 23—HEALTH VISITING

(1) Personnel

	Full-time	Part-time
(i) Number of Nurses employed as Health Visitors at 31st December, 1958	39	—
(ii) Number of these possessing H.V. Certificate or otherwise approved	36	—
(iii) Number of Nurses employed as Health Visitors at 31st December, 1959	43†	—
(iv) Number of these possessing H.V. Certificate or otherwise approved	40	—

(2) Particulars of work done during the year

Div- ision	* No. of Health Visitors at 31/12/59	DOMICILIARY VISITS													In- effective	Total
		Children under 1 year of age		Children aged 1—5 years	Children aged 5—14 years	Expectant Mothers	Other Special						Cases of Illness			
		First	Subse- quent				Mental Health	Handi- capped Children	Infant Deaths	Still- births	Bad Homes Neglected Children and Boarded-out Children	Infect- ious Diseases		Various		
1	5	517	4,956	7,744	303	2,073	195	67	3	30	217	174	206	514	2,078	19,077
2	6	678	3,403	6,912	167	1,094	51	44	15	43	415	212	105	387	783	14,309
3	9	1,484	7,570	12,942	256	1,575	16	49	28	23	229	177	173	394	2,506	27,422
4	6	807	6,091	10,068	347	1,595	40	78	16	14	147	118	193	45	541	20,100
5	7	745	5,276	9,076	391	1,293	13	33	23	34	589	182	496	337	561	19,049
6	9	1,106	8,130	18,012	237	2,419	15	39	28	56	259	127	85	530	1,509	32,552
Totals	42	5,337	35,426	64,754	1,701	10,049	330	310	113	200	1,856	990	1,258	2,207	7,978	132,509

* The figures of Number of Health Visitors allocated according to Divisional Areas exclude one Health Visitor operating in Divisions 3 and 5 whose duties are devoted to Dietetics. Details of her work are contained in the following table. The figures do however include one Health Visitor in each Divisional Area whose duties are solely connected with Tuberculosis Health Visiting, details of their work being given in a later table.

† Three Student Health Visitors were also employed at the 31st December 1959.

HEALTH VISITING

The Approved Establishment of Health Visitors engaged in general health visiting duties remained the same as at the end of the previous year but the mean average number of health visitors so employed during the year under review was greater than in 1958 and as a result the total duty-days in this branch of the nursing services increased from 8,485 in 1958 to 9,161 in 1959.

In comparison with the returns for the previous year the figures under the different categories of domiciliary visits show increases in all cases excepting under the heading " Various " in which the total of 2,207 is a decrease of 28,922 on that of 31,129 recorded for 1958, the decrease being due to the fact that through a re-arrangement of duties during 1958 the Health Visitors, as a matter of priority, were engaged in carrying out a Special Survey of Families in connection with the Poliomyelitis Vaccination Scheme in addition to their normal work in the domiciliary field, this Special Survey entailing a total of 29,743 domiciliary visits.

Visits to Children Under 5 Years of Age total 105,517 an increase of 11,742 on the figure for the previous year while those to Expectant Mothers, 10,049, represent an increase of 1,325, these, jointly comprising the Maternity and Child Welfare branch of the Domiciliary Health Visiting Service, showing the greatest proportion of increase of all the classified categories.

Mental Health is introduced as a new category in the statistical table and relates to a further extension of the Domiciliary Health Visiting Service during the year, details of this additional function of the Health Visitor being contained in a later page of this report.

TABLE 24—HEALTH VISITING—DIETETICS

Type of Cases			No. of New Cases	No. of Visits
Diabetic	...	...	67	1,104
Gastric	...	...	7	79
Reducing	...	...	2	27
Coeliac	...	...	3	47
High Protein	...	...	6	34
Other	...	...	3	14
—	...	...	—	435 (Ancillary)
Totals	...	...	88	1,740

The foregoing table is a statement of the work carried out by the Health Visitor assigned to advise, in Divisions 3 and 5, on the maintenance of diets following the discharge of patients from hospital, and a similar advisory service operated in Divisions 1 and 2 by the Senior Divisional Nursing Officers in those areas. Ancillary Visits include Attendances at Hospital Extern Departments (232), Consultations with General Practitioners (62), Consultations with Home Nurses (104), Attendances at Care and Aftercare Committee Meetings (14) and Various Other Domiciliary Visits, re Domestic Helps, etc., 23.

**TABLE 25—HEALTH VISITING—TUBERCULOSIS—NUMBER OF DOMICILIARY VISITS
MADE FROM 1st APRIL UP TO 31st DECEMBER**

Type of Visit	No. of Visits
New Cases	117
Contacts	581
Tuberculin Testing	928
Observation Cases	343
Non-Pulmonary Cases	258
Monthly (or more)	1,606
Quarterly	2,270
Yearly	248
No Access	974
Other	1,104
Total	8,429

The foregoing table is a summary of the domiciliary work carried out by an establishment of 6 Tuberculosis Health Visitors transferred to the employment of the Committee on the 1st April, 1959 concurrent with the transfer of certain Domiciliary Services relating to Tuberculosis from the now dissolved Northern Ireland Tuberculosis Authority.

In the interim period this work has been maintained as a specialised service pending arrangements for its integration into the general Health Visiting Service and while for administrative purposes one Health Visitor has been allocated to each Divisional Area of the County, in practice it has been found expedient in most instances for each Health Visitor to carry out domiciliary duties in more than one Divisional Area, this arrangement being necessary in the meantime to provide close case liaison with Chest Clinics at which the Health Visitors act as clinic nurses.

TABLE 26—ANTE-NATAL AND POST-NATAL CLINICS

(i) No. of Clinics at end of year provided by the Committee 9

(ii) Attendances at Clinics :—

Name of Clinic			Ante-Natal			Post-Natal		
			First Attendances	Subsequent Attendances	Total Attendances	First Attendances	Subsequent Attendances	Total Attendances
Bangor	...	...	233	1,418	1,651	96	3	99
Portaferry	...	...	17	—	17	—	—	—
Cregagh	...	...	89	439	528	56	6	62
Banbridge	...	...	63	372	435	58	—	58
Downpatrick	...	...	35	87	122	—	—	—
Ardglass	...	...	14	29	43	4	7	11
Killough	...	...	6	17	23	6	7	13
Strangford	...	...	15	42	57	14	16	30
Ballyhornan	...	...	8	10	18	7	7	14
Totals	...	...	480	2,414	2,894	241	46	287

The clinic at Downpatrick opened on the 11th May, 1958.

All of the ante-natal clinics in operation at the end of the year were staffed by General Practitioners. They are combined Ante-Natal and Post-Natal Clinics and with the exception of those at Bangor, Portaferry, Cregagh and Banbridge are held in conjunction with Child Health and Welfare Clinics.

Comparative figures of Attendances at Ante-Natal and Post-Natal Clinics during the three previous years are :—

	Ante-Natal			Post-Natal		
	First	Subsequent	Total	First	Subsequent	Total
1956	504	2,258	2,762	148	7	155
1957	512	2,507	3,019	178	27	205
1958	460	2,383	2,843	138	40	178

With regard to post-natal work at clinics, it has been found in actual practice that the doctors in charge of cases often prefer to carry out their examinations either in the patients' homes or at their own surgeries.

TABLE 27.—CHILD HEALTH AND WELFARE CLINICS

Division	No. of Clinics in operation at				No. of Sessions held (S—Static, M—Mobile)	Attendances of Children under 1 year of age			Attendances of Children over 1 year and under 5 years			Attendances of Children of School Age	Grand Total No. of Attendances	Average Attendance per Session
	1/1/59		31/12/59			First	Subs.	Total	First	Subs.	Total			
	Static	Mobile	Static	Mobile										
1	7	—	7	—	S — 346	403	5,248	5,651	54	3,934	3,988	9,701	28.0	
2	14	—	14	—	S — 312	523	5,275	5,798	125	3,735	3,860	9,940	31.9	
3	15	—	16	—	S — 516	1,328	12,888	14,216	182	7,898	8,080	22,989	44.5	
4	7	—	7	—	S — 198	356	2,959	3,315	59	2,047	2,106	5,940	30.0	
					M — 102	133	605	738	34	927	961	2,076	20.3	
					Total 300	489	3,564	4,053	93	2,974	3,067	8,016	26.7	
5	12	—	13	—	S — 380	506	4,833	5,339	117	4,849	4,966	10,439	27.5	
					M — 44	18	330	348	—	305	305	654	14.9	
					Total 424	524	5,163	5,687	117	5,154	5,271	11,093	26.1	
6	9	—	9	—	S — 439	745	5,110	5,855	117	3,996	4,113	10,811	24.6	
					M — 96	85	565	650	26	825	851	1,695	17.7	
					Total 535	830	5,675	6,505	143	4,821	4,964	12,506	21.5	
County	64	1	66	1	S — 2,191	3,861	36,313	40,174	654	26,459	27,113	69,820	31.9	
					M — 242	236	1,500	1,736	60	2,057	2,117	4,425	18.3	
					Grand Total 2,433	4,097	37,813	41,910	714	28,516	29,230	74,245	30.5	

TABLE 28.—CHILD HEALTH AND WELFARE CLINICS—ATTENDANCES AT CLINICS
1951-1959 — COUNTY TOTALS

Year	No. of Clinics in operation at end of year	No. of Sessions held	Attendances of Children under 1 year of age			Attendances of Children over 1 year and under 5 years			Attendances of Children of School Age	Grand Total No. of Attendances	Average Attendance per Session
			First	Subs.	Total	First	Subs.	Total			
1951	50	1,600	2,618	21,271	23,889	1,430	12,428	13,858	864	38,611	24.1
1952	56	1,804	2,867	25,310	28,177	1,773	15,182	16,955	1,262	46,394	25.7
1953	58	1,798	2,915	27,390	30,305	1,185	17,224	18,409	1,077	49,791	27.7
1954	60	1,913	3,002	30,166	33,168	1,052	19,301	20,353	971	54,492	28.5
1955	63	2,231	3,450	31,594	35,044	1,392	22,442	23,834	1,492	60,370	27.1
1956	62	2,296	3,396	33,989	37,385	674	23,712	24,386	1,340	63,111	27.5
1957	62	2,270	3,600	33,120	36,720	705	25,702	26,407	1,170	64,297	28.3
1958	65	2,320	3,660	33,941	37,601	832	28,049	28,881	5,161	71,643	30.9
1959	67	2,433	4,097	37,813	41,910	714	28,516	29,230	3,105	74,245	30.5

TABLE 29--CHILD HEALTH AND WELFARE CLINICS--FIRST ATTENDANCES OF CHILDREN UNDER 1 YEAR EXPRESSED AS PERCENTAGES OF LIVE BIRTHS NOTIFIED, ACCORDING TO DIVISIONAL AREAS--YEARS 1952 TO 1959.

Div- ision	1952			1953			1954			1955			1956			1957			1958			1959		
	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%
1	347	508	68.3	380	483	78.7	421	515	81.7	372	476	78.1	379	515	73.6	381	501	76.0	396	516	76.7	403	498	80.9
2	366	690	53.0	387	650	59.5	485	640	75.0	533	664	80.3	504	674	74.8	545	693	78.6	514	645	79.7	523	691	75.7
3	821	1,130	72.7	892	1,204	74.1	895	1,274	70.3	886	1,185	74.8	976	1,300	75.1	1,034	1,337	77.3	1,142	1,380	82.8	1,328	1,475	90.0
4	413	754	54.8	295	743	39.7	270	713	37.9	461	781	59.0	443	764	58.0	465	780	59.6	500	795	62.9	489	784	62.4
5	429	696	61.6	412	770	53.5	366	699	52.4	447	713	62.7	441	744	59.3	443	758	58.4	404	749	53.9	524	751	69.8
6	491	1,016	48.3	549	1,092	50.3	565	1,053	53.7	751	1,088	69.0	653	1,074	60.8	732	1,091	67.1	704	1,062	66.3	830	1,132	73.3
TOTAL	2,867	4,794	59.8	2,915	4,942	59.0	3,002	4,894	61.3	3,450	4,907	70.3	3,396	5,071	67.0	3,600	5,160	69.8	3,660	5,147	71.1	4,097	5,331	76.9

CHILD HEALTH AND WELFARE CLINICS

New static clinics were opened at the following places during the year :—

DIVISION 3—Ballycairn on 27th May.

DIVISION 5—Ballyhornan on 14th October.

and the establishment of clinics in operation at the end of the year with these additions was 66 static clinics (locations as shown on Page 91) and 1 mobile clinic.

In comparison with a total of 2,320 clinic sessions held during 1958 comprising 2,103 static and 217 mobile sessions, 2,433 clinic sessions were held during the year under review comprising 2,191 static and 242 mobile sessions.

The Total Number of Attendances at Child Health and Welfare Clinics, 74,245, shows an increase of 2,602 or 3.6 per cent. on the figure of 71,643 recorded for the previous year ; attendances at static clinics increased by 3,239 or 4.9 per cent., while those at mobile clinics decreased by 637 or 12.6 per cent. Since 1951 there has been an increase of 92.3 per cent. in Total Attendances at the clinics provided by the Committee.

The overall Average Attendance per Clinic Session for the year is 30.5, the average for static clinics being 31.9, that for mobile clinics being 18.3. The overall Average Attendance per Clinic Session for the previous year was 30.9, the average for static clinics being 31.7 and that for mobile clinics 23.3.

The Total Number of Attendances at Mobile Clinics, 4,425, represents 6.0 per cent. of the Total Number of Attendances at all types of clinics in comparison with 7.1 per cent. during the previous year.

Table 29 is a comparison of the number of First Attendances of Children under 1 Year in each Divisional Area during the past eight years in comparison with the Number of Live Births Registered. The percentage rate of First Attendances of Children under 1 Year for the whole of the County during the year is 76.9 per cent. a record high rate being 5.9 higher than the previous highest rate of 71.1 per cent. recorded in 1958.

TABLE 30.—SPECIAL TREATMENT CENTRES

(a) Ophthalmic Clinics :—

	Div. 1 Bangor	Division 2		Div. 3 Cregagh	Div. 4 Ban- bridge	Div. 5 Down- patrick	Div. 6 Newry	Total
		Newtown- ards	Porta- ferry					
No. of appointments for examination by Eye Specialist arranged	434	792	174	660	758	414	1,266	4,498
No. of appointments kept	333	605	143	473	587	344	909	3,394
No. of sessions held	34	48	11	20	37	20	107	277

There were no further developments in this branch of the services during the year. Provision of ophthalmologists is the concern of the Northern Ireland Hospitals Authority and provision of suitable clinic premises, equipment and ancillary staff is the responsibility of the Committee. While the number of clinics in operation remained the same as for the previous year and the total sessions showed a decrease, a larger number of appointments were made and kept. During 1958, 307 sessions were held, 4,106 appointments were arranged and 3,051 attendances for examination were made.

At the end of the year the frequency of sessions at the ophthalmic clinics was :—

8 sessions per month at Newry Clinic,

4 Sessions per month at Bangor, Newtownards and Banbridge Clinics,

2 sessions per month at Cregagh and Downpatrick Clinics,

while in the case of the Portaferry Clinic sessions continued to be arranged as required according to the numbers on the waiting list.

(b) Physiotherapy Clinics :—

See page 79.

(c) Speech Therapy Clinics :—

See page 77.

TABLE 31.—NURSERY SCHOOLS

Name of School	No. of Approved Places		No. of Children on the Register at the end of the year		Average Daily Attendance	
	0—2 years	2—5 years	0—2 years	2—5 years	0—2 years	2—5 years
Bangor	—	50	—	42	—	37.9
Newtownards	—	28	—	25	—	21.3
Holywood	—	28	—	28	—	23.0

With the recent transfer of the Holywood Nursery School to the Down County Education Committee all of these Nursery Schools are now under the control of that body. Local Health Visitors generally visit daily to carry out cleanliness inspections and treat minor ailments, while the children undergo periodic routine medical inspection. The schools operate under the most modern type of supervision and the fact that there is no evidence of uncleanness amongst the children is an indication of the efficiency of the supervisory care and the general health record of each is very satisfactory.

TABLE 32—REGISTERED FOSTER MOTHERS

The Health Committee has no statutory function in relation to the supervision of foster mothers, such work being within the statutory powers of the County Welfare Committee, but children who are boarded out or nursed for reward are visited or examined as a matter of routine under the County Child Health and School Health Services, and liaison is maintained between the officials of both Committees. Reports on the home conditions of prospective foster mothers are furnished to the Divisional Welfare Officers by Divisional Medical Officers of Health on request.

TABLE 33—ILLEGITIMATE CHILDREN

The number of illegitimate live births registered during the year was 110, approximately one in 47 of the total live births, in comparison with a total of 104 registered in the previous year or approximately one in 49 of the total live births.

As routine supervision might tend to cause embarrassment to the unmarried mother, work of this nature in many cases remains with Medical Practitioners at their request. Where statutory functions are involved, Medical Practitioners are found to be very willing to co-operate with the Committee's officers.

Under the Legitimacy Act (N.I.) 1928, an illegitimate child whose parents have married becomes legitimate and the Registrar-General is empowered to authorise the re-registration of the birth. Such re-registrations affecting children living within the County are formally advised to the Committee by the Registrar-General.

TABLE 34.—MATERNAL DEATHS—NUMBER OF WOMEN KNOWN TO HAVE DIED IN
OR IN CONSEQUENCE OF CHILDBIRTH

	Place of Death	Division						Total
		1	2	3	4	5	6	
From Sepsis	Domiciliary	—	—	—	—	—	—	—
	Hospital	—	—	—	—	—	—	—
	Nursing Home	—	—	—	—	—	—	—
From Other Causes	Domiciliary	—	—	—	—	—	—	—
	Hospital	—	—	1	2	—	2	5
	Nursing Home	—	—	—	—	—	—	—
Total		—	—	1	2	—	2	5

CARE OF PREMATURE BABIES

TABLE 35.—NUMBER OF PREMATURE BIRTHS NOTIFIED

Place of Birth		Live	Still	Total
Domiciliary	.....	52	8	60
Hospital	.....	312	68	380
Nursing Home	.....	5	—	5
Totals		369	76	445

TABLE 36.—PROGRESS SURVEY OF LIVE PREMATURE BIRTHS—SURVEY BASED ON PERIOD OF 28 DAYS FOLLOWING BIRTH

Division	Total No. of Live Premature Babies Born	Sex		Place of Birth			No. Alive at end of 28 days	No. who died within 28 days	Place of Death			Classified Age Groups at Death				
		Male	Female	Domi-ciliary	Hospital	Nursing Home			Domi-ciliary	Hospital	Nursing Home	Under 24 hours	1—7 days	8—14 days	15—21 days	22—28 days
1	34	13	21	1	33	—	32	2	—	2	—	1	1	—	—	—
2	53	19	34	8	45	—	48	5	—	5	—	2	3	—	—	—
3	79	32	47	11	64	4	66	13	—	12	1	10	2	1	—	—
4	59	33	26	6	53	—	43	16	1	15	—	9	5	1	—	1
5	53	22	31	13	40	—	46	7	1	6	—	4	2	1	—	—
6	91	50	41	13	77	1	77	14	—	14	—	9	5	—	—	—
Totals	369	169	200	52	312	5	312	57	2	54	1	35	18	3	—	1

TABLE 37.—NUMBER OF PREMATURE LIVE BABIES ACCORDING TO CLASSIFIED WEIGHT GROUPS AND PLACE OF BIRTH WITH RELATED DEATHS (NEO-NATAL DEATHS ONLY)

Classified Weight Groups	Place of Birth	No of Premature Live Babies Born						No. of Related Deaths of Premature Babies								
		Total	Division					Total	Division							
			1	2	3	4	5		6	1	2	3	4	5	6	
A. 2 lbs. 3 ozs or less	Domiciliary	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—
	Hospital	20	2	6	6	1	4	17	1	1	5	5	1	4	—	
	Nursing Home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B. Over 2 lbs. 3 ozs. up to 3 lbs. 4 ozs.	Total	21	2	6	6	2	4	18	1	1	5	5	2	4	4	
	Domiciliary	3	—	—	1	1	1	1	—	—	—	1	—	—	—	
	Hospital	24	6	5	5	2	5	12	1	—	4	2	2	3	—	
C. Over 3 lbs. 4 ozs. up to 4 lbs. 6 ozs.	Nursing Home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Total	27	6	5	6	3	6	13	1	—	4	3	2	3	3	
	Domiciliary	13	2	3	1	2	4	1	—	1	—	—	—	—	—	
D. Over 4 lbs. 6 ozs. up to 4 lbs. 15 ozs.	Hospital	71	12	10	8	10	21	10	—	2	2	2	3	3	—	
	Nursing Home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Total	84	14	13	9	12	25	11	—	3	—	2	3	3	3	
E. Over 4 lbs. 15 ozs. up to 5 lbs. 8 ozs.	Domiciliary	8	2	1	2	2	1	1	—	1	—	—	—	—	—	
	Hospital	63	8	8	12	10	18	6	—	—	2	2	—	2	—	
	Nursing Home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
All Groups	Total	71	10	9	14	12	19	7	—	1	2	2	—	2	2	
	Domiciliary	27	4	7	2	7	7	1	—	—	—	1	—	—	—	
	Hospital	134	17	35	22	17	29	6	—	—	1	3	—	2	—	
All Groups	Nursing Home	5	—	4	—	—	1	1	—	—	1	—	—	—	—	
	Total	166	21	46	24	24	37	8	—	—	2	4	—	2	2	
	Domiciliary	52	8	11	6	13	13	5	—	2	—	2	1	1	—	
All Groups	Hospital	312	45	64	53	40	77	51	—	3	12	14	6	14	—	
	Nursing Home	5	—	4	—	—	1	1	—	—	1	—	—	—	—	
	Total	369	53	79	59	53	91	57	2	5	13	16	7	14	14	

TABLE 38—DETAILS OF PREMATURE LIVE BABIES BORN AT HOME

Division	Weight Group	No. of Premature Live Domiciliary Births	Transferred to Hospital			Nursed entirely at Home				
			Survived	Died	Total	No. who died within			Survived	Total
						24 hours	1—7 days	8—28 days		
1	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	1	1	—	1	—	—	—	—	—
	D	—	—	—	—	—	—	—	—	—
	E	—	—	—	—	—	—	—	—	—
	Total	1	1	—	1	—	—	—	—	—
2	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	2	1	1	2	—	—	—	—	—
	D	2	1	1	2	—	—	—	—	—
	E	4	—	—	—	—	—	—	4	4
	Total	8	2	2	4	—	—	—	4	4
3	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	3	3	—	3	—	—	—	—	—
	D	1	1	—	1	—	—	—	—	—
	E	7	1	—	1	—	—	—	6	6
	Total	11	5	—	5	—	—	—	6	6
4	A	—	—	—	—	—	—	—	—	—
	B	1	—	1	1	—	—	—	—	—
	C	1	1	—	1	—	—	—	—	—
	D	2	2	—	2	—	—	—	—	—
	E	2	1	—	1	—	1	—	—	1
	Total	6	4	1	5	—	1	—	—	1
5	A	1	—	—	—	1	—	—	—	1
	B	1	1	—	1	—	—	—	—	—
	C	2	2	—	2	—	—	—	—	—
	D	2	2	—	2	—	—	—	—	—
	E	7	1	—	1	—	—	—	6	6
	Total	13	6	—	6	1	—	—	6	7
6	A	—	—	—	—	—	—	—	—	—
	B	1	1	—	1	—	—	—	—	—
	C	4	3	—	3	—	—	—	1	1
	D	1	1	—	1	—	—	—	—	—
	E	7	1	—	1	—	—	—	6	6
	Total	13	6	—	6	—	—	—	7	7
County	A	1	—	—	—	1	—	—	—	1
	B	3	2	1	3	—	—	—	—	—
	C	13	11	1	12	—	—	—	1	1
	D	8	7	1	8	—	—	—	—	—
	E	27	4	—	4	—	1	—	22	23
	Total	52	24	3	27	1	1	—	23	25

TABLE 39.—PREMATURE LIVE BABIES—COMPARATIVE INCIDENCE AND MORTALITY RATES, 1952-1959

	1952	1953	1954	1955	1956	1957	1958	1959
Total No. of Live Births Notified	4,794	4,942	4,894	4,907	5,071	5,160	5,147	5,331
No. of Premature Live Births	279	301	301	342	317	325	346	369
Prematurity Incidence Rate	5.8	6.1	6.2	7.0	6.2	6.3	6.7	6.9
Mortality Rate per 100 Live Premature Births	18.6	13.0	19.6	14.3	19.9	14.5	13.3	15.4

TABLE 40—COMPARATIVE DETAILS OF PREMATURE LIVE BABIES BORN AT HOME,
1952—1959

		1952	1953	1954	1955	1956	1957	1958	1959
No. of Premature Babies born at home		69	64	73	61	49	62	65	52
Transferred to Hospital	Survived	19	21	14	18	15	22	21	24
	Died	6	8	8	4	5	4	9	3
	Total	25	29	22	22	20	26	30	27
Nursed entirely at home	Survived	38	33	48	34	25	31	35	23
	Died	6	2	3	5	4	5	—	2
	Total	44	35	51	39	29	36	35	25
Mortality Rate per 100 Live Premature Domi- ciliary Births		17.4	15.6	15.1	14.7	18.4	14.5	13.8	9.6

CARE OF PREMATURE BABIES

Prematurity is based on a birth weight of 5½ lbs. or less and in accordance with this classification the number of premature live births notified during the year was 369, giving an incidence rate of 6.9 per 100 live births notified compared with that of 6.7 for 1958. Table 39 shows the incidence of prematurity in each year since 1952, from which it will be noted that the general trend of incidence over this eight year period has been upward.

Notifications of premature still births totalled 76, a figure similar to that recorded for the previous year but denoting a further decline in the incidence of such births having regard to the much greater number of total births that occurred in the County during the year under review.

Table 37 contains details of the premature live births classified according to prescribed Weight Groups and comparison of the figures with the returns for the previous years shows that the preponderance in the upper groups follows the usual pattern, the distribution being :—

Group A—2 lbs. 3 ozs. or less	.....	21 or 5.7 per cent.
Group B—Over 2 lbs. 3 ozs. up to 3 lbs. 4 ozs.	.....	27 or 7.3 per cent.
Group C—Over 3 lbs. 4 ozs. up to 4 lbs. 6 ozs.	.....	84 or 22.8 per cent.
Group D—Over 4 lbs. 6 ozs. up to 4 lbs. 15 ozs.	.....	71 or 19.2 per cent.
Group E—Over 4 lbs. 15 ozs. up to 5 lbs. 8 ozs.	.....	166 or 45.0 per cent.

Mortality in Relation to Prematurity :

Of the total of 369 premature live babies born during the year, 57 died at ages of less than one month giving a related neo-natal mortality rate of 15.4 per 100 live premature births in comparison with rates of 19.6, 14.3, 19.9, 14.5 and 13.3 for the years 1954, 1955, 1956, 1957 and 1958 respectively. The rate for the year under review is a reduction of 37.7 per cent. on the rate of 24.7 recorded for the year 1949, the latter being the first complete year following the inception of the Committee's Maternity and Child Welfare Schemes for which statistics are available. Distribution of the deaths according to Weight Groups is :—

Group A—18 deaths (Group Mortality Rate 85.7)
Group B—13 deaths („ „ „ 48.1)
Group C—11 deaths („ „ „ 13.1)
Group D— 7 deaths („ „ „ 9.9)
Group E— 8 deaths („ „ „ 4.8)

The naturally high mortality rates associated with the Lower Weight Groups being again apparent. Compared with the figures for the previous year the mortality rates in all groups, with the exception of Group C, show increases of varying degree and most notable in Group D in which 7 deaths occurred as against one in 1958.

Deaths in the first day of life totalled 35 in comparison with 30 and 26 for 1957 and 1958 respectively and at an age of 1 to 7 days numbered 18 in comparison with 15 and 13 for 1957 and 1958 respectively.

The increase in the overall mortality rate is only a slight variation of the downward trend in the rate noted during the previous two years.

Care of Premature Babies Born at Home :

The care of the premature baby born at home continues to be a special feature of the Committee's Domiciliary Midwifery and Nursing Services, involving the provision of suitable appliances and equipment to secure safe nursing at home and where necessary safe admission to premature baby units in hospitals.

Table 40 contains comparative figures of premature babies born at home since 1952, the significant features of which are :—

- (i) the decrease in the numbers born at home in comparison with an annually increasing total of premature births, indicating that more of such infants, a high proportion of whom it is found require specialised care, are now born in hospitals where such care is immediately available.
- (ii) the increase in the proportionate numbers transferred to hospital for specialised care and the improved relative survival rate,
- (iii) the reduction in the related mortality rate from 17.4 in 1952 to 9.6 in 1959.

TABLE 41—INFECTIOUS DISEASES.

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia and Sepsis	
	Domi- ciliary Confine- ments	Institu- tional Confine- ments	Domi- ciliary Confine- ments	Institu- tional Confine- ments	Domi- ciliary Confine- ments	Institu- tional Confine- ments
Number of cases notified during the year	—	—	—	—	1	3
Number of cases visited by officers of the Committee	—	—	—	—	1	1
Number of cases for whom Home Nursing was provided	—	—	—	—	1	—
Number of cases removed to Hospital	—	—	—	—	—	1

PUERPERAL PYREXIA AND SEPSIS :

The first case reported occurred in Hillsborough Rural Area and related to a woman who was confined at home and who developed a temperature on the 6th day of the puerperium. The patient, who during her pregnancy had been most unco-operative, responded quickly to treatment and made a good recovery being nursed at home under the care of her midwife.

The second case notified occurred in Castlereagh Rural Area and related to a woman who was confined in hospital. She developed fever conditions on the 10th day of the puerperium and was discharged from hospital on the 16th day having made a good recovery.

The third case reported occurred in Moira Rural District and concerned a woman who was confined in hospital. For a few weeks prior to her confinement this patient had been in hospital for treatment for pre-eclamptic toxæmia. Several days after her delivery she had a rise of temperature and was isolated, being discharged from hospital on the 10th day of the puerperium fully recovered.

The fourth case reported occurred in Banbridge Rural District and related to a woman who had a normal delivery in hospital being discharged to home care on the 8th day of the puerperium. She was re-admitted on the 11th day following the onset of fever conditions. This patient made a slow recovery being detained in hospital for a considerable period under treatment for anaemia.

TABLE 42.—MATERNITY HOMES AND MATERNITY HOSPITALS

	Hospitals	Private Nursing Homes	Other Institutions
Number of Institutions	7	2	—
Number of Beds (exclusive of isolation and labour beds) at 31st December, 1959	81	5	—
Number of cots for babies	86	5	—
Total Number of women admitted to these beds during the year	2,123	23	—
Total Number of women admitted from the Committee's area	1,997	20	—

TABLE 43.—RESIDENTIAL NURSERIES AND CHILDREN'S HOMES

Division	Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number for whom accommodation provided		
			Aged 0—2 years	Aged 2—5 years	Others
1	Childhaven, Millisle	Long-stay	—	—	30
	Cripples' Home, Bangor	Long-stay	2	—	31
2	De la Salle Home, Rubane House, Kircubbin	Long-stay	—	—	66
3	Marmion Home, Holywood	Reception	—	30	—
6	Our Mother of Mercy Home, Kilmorey Street, Newry	Long-stay	27	—	—

MARMION CHILDREN'S HOME :

This home is provided and administered by the Down County Welfare Committee. The Divisional Medical Officer of Health, Division 3, has been appointed (Under S.R. & O. 1952, No. 130, Article 8) as the Medical Officer to the home, save for the purpose of attendance on children in sickness and he medically examines all children who are admitted or discharged. Routine visits are made to the home by the local Health Visitor under the County Child Health Scheme, thus providing follow-up of children who are not of school age. Children resident in the home and who are of school age attend local schools and are medically and dentally examined at Routine Inspections under the County School Health Services. The number of children in residence varies considerably and although the home has been classified as a Reception Centre, in practice it is found that while some children may be resident for short periods, others may remain for considerably long periods.

VOLUNTARY HOMES :

With the exception of Marmion Children's Home, the homes detailed in the foregoing Table are provided by Voluntary Societies and are registered under Section 99 of the Children's and Young Persons' Act (Northern Ireland), 1950. The Cripples' Home, Bangor, is recognised as a Special School and the De La Salle Home, Kircubbin as a Primary School. The latter institution is scheduled for medical and dental inspections under the School Health Services.

All of the Voluntary Homes in the Table are classified as Long-stay, but they also accept children for short periods when necessary.

IMMUNISATION AGAINST DIPHTHERIA
TABLE 44.—IMMUNISATIONS COMPLETED DURING THE YEAR

Division	Total	Under 1yr. 1959	1 1958	2 1957	3 1956	4 1955	5—9 1954— 1950	10—14 1949— 1945	Age at 31st Dec., 1959 Born in Year
1	387	74	192	58	9	5	48	1	Number of Immunisations completed (full course) during 1959
2	615	95	302	87	43	12	74	2	
3	1,124	223	593	155	42	14	88	9	
4	818	347	231	70	36	23	100	11	
5	718	135	277	120	63	27	95	1	
6	898	164	460	141	36	42	47	8	
Total	4,560	1,038	2,055	631	229	123	452	32	
1	323	—	—	—	—	37	171	115	Number of Maintenance Injections given during 1959
2	937	—	—	8	21	58	642	208	
3	639	—	1	3	2	17	469	147	
4	979	—	1	5	12	56	603	302	
5	470	—	—	—	—	6	433	31	
6	100	—	—	—	1	8	65	26	
Total	3,448	—	2	16	36	182	2,383	829	
County	42,327	1,038	2,480	2,845	3,072	3,311	15,919	13,662	Number of children who had completed a full course of immunisation from 1st Jan- uary, 1948, to 31st Decem- ber, 1959

TABLE 45.—IMMUNISATIONS DONE BY MEDICAL OFFICERS OF HEALTH

Division	1	2	3	4	5	6	Total
Number of children 0—5 years immunised at clinics	172	292	520	318	285	388	1,975
Number of school children immunised at schools or clinics	45	70	87	101	65	23	391
Number of children given re-inforcement injections	320	936	602	962	470	99	3,389

TABLE 46.—DIPHTHERIA IMMUNISATION RETURNS FOR THE COUNTY FROM 1/1/48
TO 31/12/59, BY AGE GROUPS.

Age at 31st December of each year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	Totals by age Groups and % Immunisation by Age Groups
Under 1 year	112	249	113	330	391	292	651	878	684	578	425	1,038	A. Total under 5 years at end of 1959=12,746, or 52 per cent. of this age group.
1 year	669	1,080	606	1,081	1,256	1,061	1,408	1,484	1,714	1,746	1,636	2,055	
2 years	336	563	425	670	567	559	674	974	705	454	413	631	
3 "	146	321	229	261	358	250	218	504	282	123	142	229	
4 "	178	225	249	247	267	243	213	294	196	77	52	123	
5 "	415	411	411	535	563	419	423	387	287	157	39	106	B. Total 5 years and under 10 years at end of 1959=16,016, or 68 per cent. of this age group.
6 "	335	443	406	676	511	430	417	446	410	266	26	127	
7 "	112	329	335	559	372	248	282	541	268	177	36	103	
8 "	151	265	299	461	260	178	139	114	126	90	24	72	
9 "	203	196	202	327	138	109	90	69	90	63	17	44	
10 "	393	263	243	262	140	93	62	47	64	32	4	13	C. Total 10 years and under 15 years at end of 1959=15,019, or 65 per cent. of this age group.
11 "	307	143	172	186	115	81	52	42	32	23	3	16	
12 "	66	114	191	176	93	46	31	24	16	7	—	1	
13 "	24	72	138	103	68	31	17	6	18	2	1	1	
14 "	19	17	33	52	40	10	12	1	4	1	—	1	

IMMUNISATION AGAINST DIPHTHERIA

The general administrative arrangements for the promotion of the Scheme for Immunisation against Diphtheria continued to function unchanged during the year.

Table 44 shows that 4,560 children were given a complete course of primary immunisation against Diphtheria an increase of 1,742 on the number who received primary courses during the previous year, while 3,448 children received re-inforcement injections, representing an increase of 2,609 on the figure of 839 recorded for the previous year. In my Annual Reports for 1957 and 1958 I mentioned that as a result of an intensive drive to secure a high proportion of immunisation against Poliomyelitis among children in the County the general rate of acceptance of immunisation against Diphtheria had declined to a very appreciable extent during those years. The trend of increase in the figures for the year indicate that with the attainment of our target in the field of protection against Poliomyelitis imminent it was possible during the year under review to gradually re-direct operations towards protection against Diphtheria with considerable success.

The following are comparative recorded totals of primary courses given during the past twelve years from which it will be noted that while the returns for 1959 are most encouraging, having regard to prevailing unusual circumstances, a considerable effort will require to be made to raise the acceptance rate to a level comparable to the average annual figure of births occurring in the County and to the average returns under normal conditions between 1948 and 1956 :

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
3,486	4,723	4,080	5,986	5,139	4,050	4,689	5,811	4,896	3,796	2,818	4,560

Since the 1st January, 1948, a total of 54,034 primary courses have been completed under the scheme giving an annual average figure of 4,503 primary courses completed in comparison with an annual average figure of 4,936 live births in the County.

The following are comparative figures of primary immunisation of pre-school children during the past twelve years :—

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
1,441	2,468	1,622	2,589	2,839	2,405	3,164	4,134	3,581	2,978	2,668	4,176

The total of 4,176 for the year under review is the highest recorded in this group since the inception of the Committee's Scheme under which the policy has been to endeavour to secure immunisation of children against Diphtheria at the earliest possible age. Since 1948 the returns in the pre-school groups have under normal conditions shown a constantly increasing trend but there is still a very apparent attitude on the part of many parents to defer acceptance of immunisation for their children at an early age. Table 46 shows that approximately 52 per cent. of the pre-school children in the County have been immunised and it is generally regarded that the safety level of immunisation among children should be at least 75 per cent. immunised, but it is significant that this minimum safety level is only approached in the upper limit of the group as will be seen from the following percentage figures showing the estimated immunisation state of the group by individual years :—

Under 1 year	1 year	2 years	3 years	4 years
20%	50%	58%	63%	70%

The aim of the scheme should still be the immunisation of at least 75 per cent. of children before they attain their first birthday.

Table 46 contains details of the number of children immunised by age groups since the 1st January, 1948 up to the 31st December, 1959, this being the period during which the promotion of a diphtheria immunisation scheme has been directly a function of the Committee. The total stated in the upper group, C, is not a true figure of the degree of immunisation in this group, there being of course many children in it who were immunised prior to the inception of the Committee's Scheme, while the figures in all groups do not contain the relative immunisations completed privately by general practitioners in respect of which records were not returned. Comparative figures of the percentage recorded as immunised in the three age groups at the end of each of the past eight years are as follows :—

	A	B	C
	Under 5 years	5 years and under 10 years	10 years and under 15 years
At 31st December, 1952	32%	44%	28%
„ 1953	34%	51%	28%
„ 1954	38%	58%	41%
„ 1955	46%	66%	48%
„ 1956	50%	72%	57%
„ 1957	50%	69%	54%
„ 1958	48%	67%	57%
„ 1959	52%	68%	65%

Groups B and C largely comprise the school population of the County and the total known to be immunised in both groups represents 68 per cent. of that population as estimated, and having regard to other factors one can assess the actual immunisation state among school children to be reasonably close to the required safety level of 75 per cent. being only prevented from rising above it by the fact that in spite of propaganda and the persuasive efforts of the health visitors a minority of parents continue to show apathy towards immunisation. This is the eighth successive year in which no case of Diphtheria has occurred in the County and the complete absence of the disease makes it a difficult task to convince some parents that the maintenance of a high level of immunity amongst the child population is the best means of ensuring that the disease does not make a re-appearance. Constant propaganda is necessary to maintain the interest and active co-operation of parents, the majority of whom have no practical experience of Diphtheria.

IMMUNISATION AGAINST WHOOPING COUGH

TABLE 47—IMMUNISATIONS COMPLETED DURING THE YEAR

Division	Total	Under 1 year 1959	1 1958	2 1957	3 1956	4 1955	5—9 1954— 1950	10—14 1949— 1944	Age at 31st Dec., 1959 i.e., born in year
1	305	66	172	54	5	3	5	—	Number of Immunisations completed (full course) during 1959
2	535	96	298	82	39	6	14	—	
3	1,036	223	590	151	41	12	18	1	
4	721	346	227	70	34	22	20	2	
5	661	134	277	119	63	27	41	—	
6	894	164	459	141	36	41	45	8	
Total	4,152	1,029	2,023	617	218	111	143	11	
1	3	—	—	—	—	—	3	—	Number of Maintenance Injections given during 1959
2	107	—	—	7	19	24	57	—	
3	57	—	1	3	1	7	44	1	
4	85	—	1	6	12	25	39	2	
5	13	—	—	—	—	—	13	—	
6	37	—	—	—	1	3	18	15	
Total	302	—	2	16	33	59	174	18	

TABLE 48—IMMUNISATIONS DONE BY MEDICAL OFFICERS OF HEALTH

Division	1	2	3	4	5	6	Total
Number of children 0—5 years immunised	135	276	513	312	283	386	1,905
Number of children 5—14 years immunised	1	8	9	12	10	22	62
Number of children given re-inforcement injections	—	106	20	67	13	33	239

IMMUNISATION AGAINST WHOOPING COUGH

The general administrative arrangements for the promotion of the County Scheme for Immunisation against Whooping Cough continued to function unaltered during the year.

Table 47 shows that 4,152 children were given a complete course of immunisation against Whooping Cough representing an increase of 1,480 on the total recorded for the previous year. Since the commencement in 1952 of the scheme which in its initial stages was restricted as a pilot scheme to Division 4 up to 1954, a total of 19,947 children have been immunised, the numbers recorded for each year being :—

1952	1953	1954	1955	1956	1957	1958	1959
187	488	1,991	3,860	3,640	2,957	2,672	4,152

In 1957 and 1958 due to the priority given to the immunisation of children against Poliomyelitis during those years, immunisation against Whooping Cough showed a marked recession as signified by the totals recorded above, but the figure for the year under review being the highest recorded indicates a resumption of the increasing demand previously experienced as regards this prophylactic procedure.

From Table 47 it will be seen that of the total of 4,152 who received primary courses during the year the great majority related to the lower age groups, 1,029 or 24.8 per cent. being under 1 year 2,023 or 48.7 per cent. 1 year of age, 617 or 14.9 per cent. 2 years of age, 218 or 5.2 per cent. 3 years of age and 111 or 2.6 per cent. 4 years of age, these five age groups together accounting for 96.2 per cent. of the total. 1,967 or 47.4 per cent. of the total primary courses were completed by Divisional Medical Officers of Health at Child Health and Welfare Clinics and Schools and 2,185 or 52.6 per cent. by General Practitioners, the respective figures for the previous year being 904 or 33.8 per cent. by Divisional Medical Officers of Health and 1,768 or 66.2 per cent. by General Practitioners.

The preference on the part of parents noted in previous years to have their children protected against more than one disease through a single series of inoculations rather than by separate prophylactic procedures against individual diseases was again evident, the distribution of the total primary courses according to type of prophylactic being :—

Whooping Cough only	.....	.....	.....	.....	3 (0.1 per cent.)
Combined Diphtheria and Whooping Cough	.....	.....	.....	.....	2,065 (49.7 per cent.)
Triple Antigen—Diphtheria/Whooping Cough/Tetanus	.....	.....	.....	.....	2,084 (50.2 per cent.)

It is gratifying to report that further progress has been made in securing immunisation of greater numbers of children against Whooping Cough, but the following percentage figures indicating the estimated immunisation state of children under five years of age at the end of the year are significant of the fact that too many remain in a non-immunised state in the early years of life :—

Under 1 year	1 year	2 years	3 years	4 years
20%	49%	57%	61%	67%

While it is the aim of the scheme to encourage more parents to accept immunisation for their children every step should be taken to ensure that in all cases the course of immunisation is commenced as soon as the children attain an age when inoculation can be given.

The following figures show the incidence of Whooping Cough over the past eleven years according to notifications received under the Infectious Diseases Acts, with related deaths from the disease :—

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
No. of cases	675	462	426	631	479	298	758	798	61	235	241
No. of deaths	3	5	4	2	1	2	3	2	—	—	2

Notifications indicate a very much reduced incidence of the disease during the past three years, while the increased use of vaccines to protect against it have resulted in a milder form being experienced, but the fact that two deaths occurred both in non immunised children (one aged 8 months and the other aged 9 months) is, in itself, sufficient reason for continued efforts to immunise all young children in the County at the earliest possible age.

IMMUNISATION AGAINST TETANUS

TABLE 49—IMMUNISATIONS COMPLETED DURING THE YEAR

Division	Total	Under 1 year 1959	1 1958	2 1957	3 1956	4 1955	5—9 1954— 1950	10—14 1949— 1945	Age at 31st Dec., 1959 <i>i.e.</i> , born in year
1	105	17	63	23	2	—	—	—	Number of primary courses during 1959.
2	57	14	39	2	2	—	—	—	
3	740	184	438	78	19	9	11	1	
4	728	324	212	64	42	41	44	1	
5	359	101	188	36	14	7	13	—	
6	171	40	106	13	6	4	2	—	
TOTAL	2,160	680	1,046	216	85	61	70	2	

A scheme for Immunisation against Tetanus operated during the year, largely through the use of multi-purpose vaccines ancillary to the Schemes for Immunisation against Diphtheria and Whooping Cough. Table 49 shows that a total of 2,160 children received primary courses of protection against Tetanus, the distribution of the total courses according to type of vaccine being :—

Single.	Tetanus only	65 (3.0%)
Combined.	Tetanus and Diphtheria	11 (0.5%)
Triple.	Tetanus, Diphtheria and Whooping Cough	2,084 (96.5%)

This analysis indicates a distinct preference on the part of the public for the vaccine affording triple protection.

TABLE 50.—IMMUNISATION AGAINST POLIOMYELITIS — NUMBER OF PERSONS IMMUNISED AS AT 31st DECEMBER, 1959 ACCORDING TO DIVISIONAL AREAS, APPROVED GROUPS AND STAGES OF IMMUNISATION

Division	* Stage	Children up to 15 years						Total	Persons aged 16 to 25 years	Other Approved Groups			Grand Totals
		Year of Birth								Expectant Mothers	General Practition- ers, Nurses, etc.	Total	
		1959	1958	1957	1956	1955	1954							Aged 6 to 15 Years
1	1	14	6	1	1	1	1	34	12	—	3	15	49
	2	143	169	75	56	60	44	1,029	743	48	32	823	1,852
	3	2	249	405	423	406	421	5,939	374	28	31	433	6,372
2	1	32	9	2	—	—	4	58	70	12	—	82	140
	2	103	273	90	66	62	53	974	1,622	173	54	1,849	2,823
	3	—	256	566	547	511	540	8,663	1,090	74	89	1,253	9,916
3	1	26	3	1	—	1	—	33	37	16	—	53	86
	2	120	562	77	67	15	6	1,415	2,144	263	208	2,615	4,030
	3	—	307	1,095	1,138	1,055	1,106	15,115	1,213	215	199	1,627	16,742
4	1	11	8	—	2	—	—	24	2	1	1	4	28
	2	66	146	37	4	21	—	549	2,046	102	124	2,272	2,821
	3	1	305	597	625	572	585	8,451	643	41	144	828	9,279
5	1	2	12	8	7	10	9	128	35	36	8	79	207
	2	41	298	166	118	95	85	1,681	1,538	211	89	1,838	3,519
	3	1	159	524	555	554	510	8,060	652	54	97	803	8,863
6	1	8	1	1	1	1	—	20	69	2	—	71	91
	2	58	317	282	165	174	103	2,507	1,630	250	130	2,010	4,517
	3	10	291	798	842	777	840	11,582	903	160	127	1,190	12,772
County	1	93	39	13	11	13	14	297	225	67	12	304	601
	2	531	1,765	727	476	427	291	8,155	9,723	1,047	637	11,407	19,562
	3	14	1,567	3,985	4,130	3,875	4,002	57,810	4,875	572	687	6,134	63,944
Grand Totals		638	3,371	4,725	4,617	4,315	4,307	66,262	14,823	1,686	1,336	17,845	84,107

* Stage 1—First Injection only, Stage 2—Two Injections only, Stage 3—Three Injections.

TABLE 51.—IMMUNISATION AGAINST POLIOMYELITIS—TOTAL NUMBER OF SECOND INJECTIONS AND TOTAL NUMBER OF THIRD INJECTIONS IN EACH YEAR SINCE INCEPTION OF SCHEME ACCORDING TO APPROVED GROUPS WITH RELATIVE TOTALS IMMUNISED IN EACH APPROVED GROUP AT END OF 1959.

Age at 31st December of each year	(a) SECOND INJECTIONS				(b) THIRD INJECTIONS			
	1957	1958	1959	Totals in Approved Groups at 31st Dec., 1959	1957	1958	1959	Totals in Approved Groups at 31st Dec., 1959
Under 1 year	167	745	545	Total under 6 years at end of 1959 — 21,790, or 74% of this age group.	—	18	14	Total under 6 years at end of 1959 — 17,573, or 60% of this age group.
1 year	1,325	4,015	2,587		—	450	1,549	
2 years	856	3,022	530		—	1,214	3,535	
3 "	452	3,197	259	Total 6 years and under 16 years at end of 1959 — 44,175, or 97% of this age group.	—	999	2,916	Total 6 years and under 16 years at end of 1959 — 40,237 or 88% of this age group.
4 "	359	3,592	249		—	916	2,876	
5 "	199	3,896	249		—	938	3,086	
6 "	144	4,043	207	Total 16 to 25 years at end of 1959 — 14,598 or 39% of this age group	—	1,011	3,263	Total 16 to 25 years at end of 1959 — 4,875 or 13% of this age group
7 "	126	4,222	165		—	953	3,213	
8 "	83	4,119	145		—	897	3,221	
9 "	69	4,266	137	Total at end of 1959 — 1,619	—	876	3,311	Total at end of 1959 — 572
10 "	51	4,313	130		—	850	3,282	
11 "	—	4,375	166		—	621	3,380	
12 "	—	3,935	215	Total at end of 1959 — 1,324	—	330	3,610	Total at end of 1959 — 687
13 "	—	3,877	204		—	273	3,459	
14 "	—	4,163	261		—	207	3,355	
15 "	—	2,101	305	83,506	—	101	3,187	63,944
16 to 25 years	—	385	12,112		—	26	4,748	
Expectant Mothers	—	496	1,123	Total at end of 1959 — 1,619	—	9	563	Total at end of 1959 — 572
Special Groups	—	590	734	Total at end of 1959 — 1,324	—	14	673	Total at end of 1959 — 687
GRAND TOTAL	3,831	59,352	20,323	83,506	—	10,703	53,241	63,944

IMMUNISATION AGAINST POLIOMYELITIS

The general administrative arrangements for the promotion of the Scheme for Immunisation against Poliomyelitis, details of which were given in my Annual Report for 1958, continued to function unchanged during the year under review, the approved groups provided for under the scheme remaining the same as at the end of the previous year, viz. :—

- (i) Children under 16 years of age,
- (ii) Expectant Mothers,
- (iii) Priority Contacts (general practitioners, hospital staffs, etc.),
- (iv) Persons aged 16 years up to 25 years,

the first three groups being those approved in the initial stages of the scheme in 1957, while the latter was added in October, 1958.

The immunisation procedure continued to involve for all groups three injections comprising a primary course of two injections (to be commenced in the case of a young child at an age of not less than 6 months) and a third injection in the nature of a booster dose to be given not less than 7 months after the second.

Table 50 contains details of the total numbers immunised in the various approved groups according to stages of immunisation and comparison of these with the corresponding figures for the previous year shows that the volume of work in all stages of immunisation was well maintained and that considerable progress had been made in ensuring that the vital third injection was given.

At the end of the year, 66,262 persons in the age group “ 0 to 15 years ”, or approximately 93 per cent. of the estimated potential number eligible had come forward for immunisation and of these 8,155, or 12 per cent., had received a course of two injections, while 57,810, or 87 per cent., had received a full course of three injections. These figures show that a considerable advance has been made towards the objective of ensuring that the maximum possible number of children are fully protected against Poliomyelitis and it is hoped that it will be possible to maintain the immunisation state of this group at a high level.

In the age group “ 16 to 25 years ” a total of 14,823 persons had come forward for immunisation, of whom 9,723 or 66 per cent. had received a course of two injections and 4,875 or 32 per cent. had received a full course of three injections, and representing an acceptance rate of 39 per cent. of the population in this group a disappointingly low response when compared to that for children. Every effort was made to obtain a greater response from young adults and the Committee's Officers in conjunction with their General Medical Practitioner colleagues arranged special immunisation sessions at clinics, factories and social centres to enable all who wished to do so to have immunisation, but the position on the whole remained unsatisfactory. It is hoped that many of those still not immunised will ultimately be persuaded to accept the protection offered and every reasonable facility will continue to be made available to this end.

Table 51 shows in detail the total numbers who received second injections in each year since the inception of the scheme and similarly the total numbers who received third injections, with comparative rates of immunisation of certain prescribed groups based on estimated population in those groups.

It is gratifying to report that this has been the first year since 1948 in which no cases of Poliomyelitis have occurred in the County, a position which might at first glance lead one to infer that it is due to immunisation against the disease, but it is too early as yet to assume that preventive prophylactic measures have reached such a stage as to augur complete freedom from the disease in the future. It is, I think, a reasonable hope that the high rate of immunisation among children will largely ensure freedom from the paralytic form of the disease in that group in due course, but the low immunisation rate among young adults, a group in which several fatal cases have occurred in recent years, cannot lend itself to any optimistic forecast.

TABLE 52—BCG VACCINATION—NO. OF PRE-VACCINAL TESTS COMPLETED DURING THE YEAR AND THE RELATIVE NO. OF BCG VACCINATIONS COMPLETED.

Division	1	2	3	4	5	6	Total
No. of Pre-Vaccinal Tests	170	609	313	347	334	92	1,865
No. found to be Re-actors	21	284	47	197	121	5	675
No. found to be Non Re-actors	149	325	266	150	213	87	1,190
No. of Vaccinations completed*	189	892	520	633	644	456	3,334

*—Includes vaccination of babies who were not subject to pre-vaccinal tests.

BCG VACCINATION

During the first quarter of the year under review this work continued to be undertaken on an agency basis on behalf of the Northern Ireland Tuberculosis Authority but with the dissolution of that Authority on the 31st March the Committee was empowered from the 1st April to operate directly a scheme for the vaccination of persons against Tuberculosis. This transfer of functions did not necessitate any general re-organisation of the facilities already available for the purpose, but involved only a change of administrative responsibility, vaccination continuing to be available, as hitherto, through the Committee's Medical Officers and through Chest Physicians employed by the Northern Ireland Hospitals Authority, the latter body acting on an agency basis for the Committee in this respect.

At the commencement of the year under the general scheme promoted by the Committee on an agency basis vaccination was available to:—

- (i) all infants
- (ii) all school children of 12 years and upward
- (iii) children outside of the foregoing groups on behalf of whom special requests for vaccination were received from general practitioners and parents.

Shortly before the transfer to the Committee of the functions in relation to BCG Vaccination the scope of the scheme was amended in that the policy of endeavouring to secure the vaccination of all infants was discontinued, vaccination for individuals in this group however continuing to be available on request. Parallel with the transfer of functions of course the scheme included as from the 1st April, provision through Chest Physicians for the vaccination of all suitable contacts, both children and adults, of cases of Tuberculosis.

In my previous Annual Report I pointed out that the programme for BCG Vaccination had been severely curtailed to expedite the work of immunisation against Poliomyelitis and similar conditions prevailed during the year under review.

Routine visits were made throughout the year by the Committee's Medical Officers to the following maternity hospitals to vaccinate new-born babies on behalf of whom vaccination had been requested :—

Division 1—Bangor Hospital.

Division 2—Newtownards Hospital.

Division 3—Laganvalley Hospital, Lisburn.

Division 4—Banbridge Hospital.

Division 5—Downe Hospital, Downpatrick
and

Quoile Hospital, Downpatrick.

Division 6—Daisy Hill Hospital, Newry (Alternate attendances by arrangement with a Medical Officer from Co. Armagh),
and

Mourne Hospital, Kilkeel.

Facilities also continued to be made available for the vaccination of babies born at home and those born in hospital but not vaccinated before discharge through attendance at the Committee's Child Health and Welfare Clinics and similarly for the vaccination of all others on behalf of whom it had been specially requested. Arrangements were also made, as circumstances permitted, for the vaccination of school children through the organisation of special clinics in schools. Chest Physicians similarly provided vaccination for suitable applicants through attendance at hospitals and clinics and domiciliary visiting.

Table 52 contains details of the work completed during the year and in comparison with the corresponding table in previous reports it should be noted that the figures now include the tests and vaccinations completed by Chest Physicians in addition to the returns of work completed by the Committee's Medical Officers. The figures in general denote a substantial decrease on the number of vaccinations completed during the previous year, a position readily understood when it is considered that a less intensive programme was in force during the greater part of the year particularly with regard to the vaccination of infants, a group in which hitherto acceptance of vaccination had been very high.

Of the total of 3,334 vaccinations completed, 2,271 or 68 per cent. were in respect of pre-school children, 966 or 29 per cent. were in respect of children of compulsory school age and 97 or 3 per cent. related to persons over compulsory school age. The number of vaccinations in the pre-school group, relating predominantly to new-born babies is remarkable in that no special measures to encourage this type of vaccination in the group were in operation for the greater part of the year and is accounted for by the fact that in some areas of the County a demand for the vaccination of young children persists. This demand is stimulated no doubt by the memory of a heavy local incidence rate of Tuberculosis especially among those in early life in the recent past, vaccination against the disease being regarded by both parents and many general practitioners as a primary factor in the reduction of the incidence rate to its present low level. Children who are contacts of cases of Tuberculosis are at considerable risk and there is no doubt that the protection afforded to suitable children through vaccination is an important matter which receives detailed attention in the investigation of all cases of Tuberculosis notified.

My grateful thanks are due to the general practitioners, teachers and Hospital Management Committees for the interest they continue to show in the work and for their ready help and co-operation which so greatly facilitate the smooth running of the scheme.

TABLE 53 :—VACCINATION AGAINST SMALLPOX

(a) Comparative Returns from 1950 to 1958

	1950	1951	1952	1953	1954	1955	1956	1957	1958
Number of Live Births notified	4,805	4,788	4,794	4,942	4,894	4,907	5,071	5,160	5,147
Percentage children successfully vaccinated or inusceptible to vaccination	91.75	92.05	92.81	93.10	92.40	92.64	92.50	94.88	94.35

(b) Vaccination Statistics for the Year Ended 31st December 1959

	Quarter Ended				Summary for Year	
	31st March	30th June	30th September	31st December		
Number of Live Births notified	1,371	1,436	1,310	1,214	5,331	100%
Number of children who died not vaccinated	31	21	28	35	115	2.16%
Number of children who left County not vaccinated	28	50	33	40	151	2.83%
Number of children successfully vaccinated	1,177	1,165	1,021	824	4,187	78.54%
Number of children inusceptible to Vaccination	105	161	138	70	474	8.89%
Number of children who are unfit to be vaccinated	16	19	29	19	83	1.56%
Number of children not vaccinated at the time of writing	14	20	61	226	321	6.02%

(The above table is based on records at 15th July, 1960)

Throughout the year two parents were prosecuted for failing to have their children vaccinated and Court Orders were granted in both cases.

I would call attention to the large percentage of children not Vaccinated for the Quarter Ending 30th September and the 31st December, 1959, which is mainly due to the impact of the Poliomyelitis Scheme. The defaulters will be followed up and the appropriate action taken.

The satisfactory position regarding Vaccination is mainly due to the co-operation and assistance given by the General Practitioners and the Divisional Medical Officers, together with the personal calls made by the Vaccination Enforcement Officer at the homes of the defaulters.

TABLE 54—HOME NURSING SERVICE

1. Personnel:—

	At 1/1/59	At 31/12/59
(a) Number of nurses employed:—		
(i) for home nursing work only	19	19
(ii) for home nursing and other duties	33	33
(b) Equivalent in terms of whole-time service	33½	33½
(c) Number employed having Certificate in District Training	40	42
(d) Number of Student Home Nurses employed	—	—

2. Particulars of Work Done during the year:—

Division	No. of Home Nurses at 31/12/59	HOME NURSING										CASUAL TREATMENT					CLINIC SESSIONS ATTENDED						
		New Cases Attended						Visits				No. of Persons Treated at :—					Ante-Natal						
		Medical		Surgical		Tuberculosis		Nursing Mothers		Total	Medical	Surgical	Tuber- culosis	Nursing Mothers	Total	Home	Doctors Surgery	Nurses Residence	Schools	Total	County	Doctors Surgery	Child Health and Wel- fare
		D	H	D	H	D	H	D	H														
1	6	493	73	121	57	6	2	1	77	830	21,150	5,441	274	284	27,149	301	—	122	39	462	204	30	43
2	7	518	103	179	54	—	1	3	22	880	18,566	3,696	212	180	22,654	227	1	31	18	277	—	—	298
3	11	652	72	256	91	10	10	6	39	1,136	25,923	7,356	1,569	226	35,074	962	20	580	—	1,562	—	—	259
4	8	495	35	241	52	2	1	6	32	864	12,922	5,159	121	308	18,510	705	—	353	—	1,058	42	—	147
5	10	712	56	476	81	3	6	15	34	1,383	24,262	9,251	959	207	34,679	992	756	1,037	3	2,788	—	43	246
6	10	1,008	64	306	110	6	4	1	28	1,527	27,491	7,493	832	77	35,893	2,497	169	718	—	3,384	—	—	286
Totals	52	3,878	403	1,579	445	27	24	32	232	6,620	130,314	38,396	3,967	1,282	173,959	5,684	946	2,841	60	9,531	246	73	1,279
Grand Totals —Cases		4,281		2,024		51		264															

D—denotes entirely domiciliary cases, i.e., patients who were not receiving treatment in hospital immediately previous to the commencement of attendance under the Home Nursing Service.
H—denotes cases discharged from hospital and referred for domiciliary nursing.

MIDWIFERY

TABLE 55—MIDWIVES (IRELAND) ACT, 1918, AND MIDWIVES AND NURSING HOMES ACT (NORTHERN IRELAND), 1929—NUMBER OF MIDWIVES WHO GAVE NOTICE OF INTENTION TO PRACTICE OR OF HAVING PRACTISED DURING THE YEAR.

(i) Employed by the Committee :—	
(a) In whole-time employment as midwives	24
(b) In part-time employment as midwives but with other duties accounting for full-time employment, i.e., District-Nurse Midwives	59
(c) In part-time employment on a case-paid basis	—
(ii) In Private Practice :—	
(a) Domiciliary	4
(b) Nursing Home	1
(iii) Employed by the Northern Ireland Hospitals Authority	43
TOTAL	131

TABLE 56—DOMICILIARY MIDWIFERY SERVICE—NUMBER OF MIDWIVES IN PRACTICE UNDER THE SCHEME AT THE END OF THE YEAR

(a) Whole-Time Midwives	24
(b) District-Nurse Midwives	33
(c) Part-Time Midwives.....	—
TOTAL	57

TABLE 57—NUMBER OF DOMICILIARY CASES ATTENDED BY MIDWIVES DURING THE YEAR

	Complete Cases		Interrupted Domiciliary and other Cases	Total
	As Midwives	As Maternity Nurses		
(a) By Whole-time Midwives	64	1,101	915	2,080
(b) By District-nurse Midwives	10	424	242	676
(c) By Part-time Midwives	—	—	—	—
(d) By Midwives in Private Practice	—	27	—	27
Totals	74	1,552	1,157	2,783

NOTES—Complete Cases refer only to those cases which had proceeded to a term of 28 weeks or over and in which the confinements were conducted at home.

Interrupted Domiciliary and Other Cases include :—

(a) abortions at home ;

(b) cases in which patients were admitted to hospital resulting in either abortion, or confinement at a term of 28 weeks and over.

(c) cases discharged from hospital into the care of domiciliary midwives.

Ante-Natal Examinations :

Number of domiciliary cases (i.e. complete cases) where ante-natal examinations were carried out by Midwives employed by the Committee	1,561
Total Number of ante-natal examinations made in the foregoing complete cases	14,568

Emergency Medical Aid under Midwives Act, 1918 :

Number of domiciliary cases in which medical aid was summoned	4
---	---

Analgesia and Anaesthesia :

Number of Midwives employed by the Committee qualified as at 31st December, 1959, to administer gas and air analgesia	53
Number of domiciliary cases in which gas and air analgesia was administered during the year by qualified midwives	987
Number of sets of gas and air apparatus in use at 31st December, 1959	45

Number of domiciliary cases in which general anaesthesia was administered :

(a) by general practitioners attending under the County Maternity Scheme	345
(b) by second doctor under the County Maternity Scheme	19

Suspensions :

Number of suspensions of midwives from general domiciliary practice during the year under Section 16 (3) of the Midwives (Ireland) Act, 1918	Nil
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Maternity Packs :

Number of maternity packs issued during the year (Maternity Packs are issued free of charge in all domiciliary cases attended by doctors and midwives under the County Maternity Services Scheme)	1,814
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Pupil Midwives :

Number of Pupil Midwives undergoing Part II Midwifery Training with the Committee during the year	10
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TABLE 58.—REGISTRATION OF NURSING HOMES

	Number of Homes	Number of Beds provided		
		Maternity	Others	Total
Homes first registered during 1959	—	—	—	—
Homes on Register at end of 1959	2	5	26	31

Action taken during 1959 :

Number of applications for registrations refused	Nil
Number of registrations cancelled	1
Number of appeals by aggrieved persons to a Court of Summary Jurisdiction	Nil
Number of cases in which fines were imposed	Nil
Number of registered homes inspected	2
Number of inspections	4

SCHOOL HEALTH SERVICES

TABLE 59—NUMBER AND TYPES OF SCHOOLS WITH AVERAGE NUMBERS ON ROLLS IN RELATION TO THE DIVISIONAL SCHEME OF ADMINISTRATION OF THE SCHOOL HEALTH SERVICES

Type	Schools	Divisional Areas										Totals		Schools administering approved private schemes in relation to Schools Medical Inspection†		
		1		2		3		4		5		6				
		No. of schools	Average No. on Rolls	No. of schools	Average No. on Rolls	No. of schools	Average No. on Rolls	No. of schools	Average No. on Rolls	No. of schools	Average No. on Rolls	No. of schools	Average No. on Rolls			
Primary	Management Classification															
	County	14	2,418	31	3,194	44	6,676	38	2,689	25	1,497	23	2,077	175	18,551	—
	Voluntary Protestant	—	—	—	—	—	—	5	168	3	110	3	104	11	382	—
	Voluntary Roman Catholic	3	460	10	1,001	5	852	19	1,334	28	3,019	41	5,737	106	12,403	—
	Voluntary Non-Denominational Special*	2	54	1	30	1	43	—	—	2	118	—	—	2	118	—
	Totals	19	2,932	42	4,225	50	7,571	62	4,191	58	4,744	67	7,918	298	31,581	—
Secondary Intermediate	County	2	885	4	1,491	5	2,010	2	847	4	945	1	473	18	6,651	—
	Voluntary Roman Catholic	—	—	1	252	—	—	1	402	5	1,209	1	344	8	2,207	—
	Totals	2	885	5	1,743	5	2,010	3	1,249	9	2,154	2	817	26	8,858	—
Grammar	County	1	736	1	781	—	—	1	341	1	631	1	316	5	2,805	—
	Voluntary Protestant	1	557	—	—	2	1,302	—	—	—	—	—	—	3	1,859	—
	Voluntary Roman Catholic	—	—	—	—	—	—	—	—	2	498	4	1,155	6	1,653	864
	Totals	2	1,293	1	781	2	1,302	1	341	3	1,129	5	1,471	14	6,317	864
Technical Intermediate	County	—	—	2	476	1	148	1	219	2	252	3	140	9	1,235	—
	Other	1	274	—	—	—	—	—	—	—	—	1	191	2	465	—
	Totals	1	274	2	476	1	148	1	219	2	252	4	331	11	1,700	—
	Grand Totals	24	5,384	50	7,225	58	11,031	67	6,000	72	8,279	78	10,537	349	48,456	864

*Special Schools. Division 1—Stewart Memorial Home Bangor, and Crawfordsburn Hospital. Division 2—Killard House, Newtownards. Division 3—Beechlawn Residential School Hillsborough

† Grammar Schools administering approved private schemes in relation to Schools Medical Inspection. Division 5—Assumption High School, Ballynahinch. Division 6—Sacred Heart School (St. Clare's), Newry, and Our Lady's School, Convent of Mercy, Newry.

SCHOOL HEALTH SERVICES

MEDICAL INSPECTION

School Population :

There were several alterations to the Register of Schools within the County during the year, a number of new primary schools being opened to replace others scheduled for closure, while as a further expansion of the County Education Committee's programme for Secondary Education five new Secondary Intermediate Schools were opened. However, as additions were equivalent to closures the total number of schools at the end of 1959 was the same as at the end of the previous year, i.e., 349. Table 59 contains a classification of the schools according to Administrative Divisional Areas and Types of Schools.

The school population for which the Committee provide School Health Services continues to show an increase, the average total number on the rolls for 1959, 48,456, being an increase of 180 on the figure for the previous year. The rate of increase is, however, lower than in 1954, 1955, 1956, 1957 and 1958, the respective increases recorded during those years being 1,324, 1,254, 327, 3,761 and 2,586. Comparison of the distribution of the school population with the previous year shows that the total enrolled at Primary Schools decreased by 1,722 while the numbers at Secondary Intermediate, Grammar and Technical Schools increased by 997, 153 and 322 respectively. The allocation of the school population according to Divisional Areas shows that in comparison with the previous year the numbers in Divisions 2, 3 and 5 increased by 255, 481 and 473 respectively, while there were respective decreases of 114, 752 and 163 in Divisions 1, 4 and 6.

Scheme of Inspection :

The scheme of medical inspection was the same as for the previous year and was in accordance with the School Health Service Regulations (Northern Ireland) 1948, under which the following age groups are prescribed for routine medical inspection :—

- (i) entrants within the period of 12 months following the date of initial admission to school ;
- (ii) pupils in the age group 10 to 12 years ;
- (iii) pupils within the period of 12 months preceding the date on which attendance at school is no longer required by law.

The following age groups are also prescribed for routine medical inspection in accordance with recommendations made by the Committee and approved by the Ministry of Health and Local Government :—

- (iv) pupils in the age group 8 to 9 years,
- (v) pupils who have attained 16 years of age.

In addition the scheme provides for the medical inspection of children referred by teachers and parents for examination on account of suspected defects and also for the re-examination of children previously found to have defects.

The constant aim of this service, providing for the routine medical inspection of all scholars on four separate occasions during their school life with special examinations and re-examinations as necessary and combining immunisation facilities for protection against certain diseases, is to prevent ill-health, where possible, by the early detection of defects and to promote better health in the children so that every child can profit to the full from the Education Services.

Medical Inspections were carried out by the Divisional Medical Officers of Health and Assistant Divisional Medical Officers of Health in the school premises every precaution being taken to ensure that the minimum of disturbance was caused to school routine. Summaries of Medical Inspections with regard to numbers examined, defects found and general comments on the incidence of defects are given on the following pages.

In my Annual Report for 1958 I referred to the low numbers of children medically inspected during that year and stated that this was due to a great proportion of the time of the Committee's Officers being taken up with the Scheme for Immunisation against Poliomyelitis which amongst other groups involved almost the entire school population, but that the general precautions taken prior to prophylactic procedure in themselves constituted in some measure an abbreviated form of medical inspection in the absence

of the normal routine scheme. While the intensive campaign for immunisation against Poliomyelitis continued during the year under review it is pleasing to note that more school children were medically inspected, the total of 15,150 representing an increase of 5,619 on the figure of 9,531 recorded for 1958. Routine medical inspections give an unrivalled opportunity for the Committee's Medical Officers, teachers, parents and health visitors to get together on the problem of the school child and his future well-being and it is hoped that it will soon be possible to revert to the former position of keeping abreast with our obligations in this vital field of preventive medicine.

Private Medical Inspection Schemes in Voluntary Schools :

Three Voluntary Grammar Schools continued to provide their own School Medical Inspection Services in accordance with schemes approved by the Committee, the schools being detailed in the footnote to Table 59.

Co-operation :

Parental response to the invitation to be present at medical inspections continued on the average to be poor.

As in previous years, a high degree of co-operation has been maintained between the Committee's Officers and teachers. By the pooling of knowledge much can be done, and is done, to assist in promoting the health and well-being of the children. I wish to pay a tribute to the teachers for their co-operation and for their patient understanding in the many interruptions to class teaching which must inevitably result from the work of the School Health Service, work which they welcome as being in the best interests of the children in their charge.

School Hygiene :

Inspection of school buildings continued to be carried out at the same time as School Medical Inspections as a routine matter while in some cases special surveys were also carried out and as a result satisfactory progress was maintained by the Education Committee in carrying out works of improved sanitation at a number of schools in the County. Statistical details of inspections and improvements effected are given on Page 114 of this report.

The provision of every hygienic facility necessary to good health in all schools in the County is inevitably a long-term problem, nevertheless much has been accomplished within the past few years in improving environmental conditions at many with a resulting advancement in the general level of hygiene.

Co-ordination :

The various sections of the Public Health Services dealing with matters relating to child health and care have worked in close co-operation and the relationships with the other statutory and voluntary bodies concerned have continued in a satisfactory manner.

TABLE 60—NUMBER OF CHILDREN WHO WERE MEDICALLY EXAMINED, ACCORDING TO CLASSIFIED AGE GROUPS

	Division	Routine Inspections						Special Examin- ations and Re- Examin- ations	Total No. of Children Examined
		Statutory Groups			Other Groups		Total No. of Routine Inspec- tions		
		First year at School	10—12 years	13—14 years	8—9 years	16 + years			
Inspection of schools participating in the Committee's Scheme	1	249	191	158	165	28	791	62	853
	2	813	721	511	686	—	2,731	548	3,279
	3	785	749	392	517	78	2,521	928	3,449
	4	863	803	533	601	—	2,800	139	2,939
	5	442	412	199	408	7	1,468	278	1,746
	6	444	793	399	508	337	2,481	298	2,779
	Total	3,596	3,669	2,192	2,885	450	12,792	2,253	15,045
Inspection of schools operating own Medi- cal Inspection Schemes	5	—	37	56	—	12	105	—	105
	6	—	—	—	—	—	—	—	—
	Total	—	37	56	—	12	105	—	105
Grand Totals .....	.....	3,596	3,706	2,248	2,885	462	12,897	2,253	15,150

TABLE 61—GENERAL CONDITIONS OF CHILDREN EXAMINED

A—Good, B—Fair, C—Poor.

Division	First year at school			10—12 years			13—14 years			8—9 years			16+ years			No. %	
	A	B	C	Total	A	B	C	Total	A	B	C	Total	A	B	C		Total
1	247 99.2	1 0.4	1 0.4	249 100	190 99.5	1 0.5	—	191 100	158 100	—	—	158 100	165 100	—	—	165 100	28 100
2	794 97.7	19 2.3	—	813 100	699 96.9	22 3.1	—	721 100	493 96.5	17 3.3	1 0.2	511 100	665 96.9	21 3.1	—	686 100	—
3	755 96.2	30 3.8	—	785 100	730 97.5	19 2.5	—	749 100	376 95.9	14 3.6	2 0.5	392 100	505 97.7	12 2.3	—	517 100	78 100
4	827 95.8	36 4.2	—	863 100	778 96.9	25 3.1	—	803 100	528 99.1	5 0.9	—	533 100	586 97.5	15 2.5	—	601 100	—
5	371 83.9	68 15.4	3 0.7	442 100	380 84.6	66 14.7	3 0.7	449 100	231 90.6	23 9.0	1 0.4	255 100	342 83.8	64 15.7	2 0.5	408 100	19 100
6	420 94.6	24 5.4	—	444 100	760 95.8	33 4.2	—	793 100	386 96.7	13 3.3	—	399 100	473 93.1	35 6.9	—	508 100	337 100
Totals	3,414 94.9	178 5.0	4 0.1	3,596 100	3,537 95.4	166 4.5	3 0.1	3,706 100	2,172 96.6	72 3.2	4 0.2	2,248 100	2,736 94.8	147 5.1	2 0.1	2,885 100	462 100

TABLE 62—SUMMARY OF DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

O—denotes Defects requiring observation T—denotes Defects requiring treatment

Defect		Division 1			Division 2			Division 3			Division 4			Division 5			Division 6			County		
		O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total
Cleanliness	.....	—	6	6	—	1	1	3	7	10	12	13	25	42	4	45	19	52	71	76	83	159
	No. %	—	0.8	0.8	—	0.04	0.04	0.1	0.3	0.4	0.4	0.5	0.9	2.7	0.2	2.9	0.8	2.1	2.9	0.6	0.6	1.2
Infestation	Head	—	17	17	—	81	81	4	86	90	1	33	34	12	42	54	—	11	11	17	270	287
	No. %	—	2.1	2.1	—	3.0	3.0	0.2	2.4	2.6	0.04	1.2	1.2	0.7	2.7	3.4	—	0.4	0.4	0.1	2.1	2.2
Teeth	Body	—	—	—	—	1	1	—	9	9	—	—	—	16	5	21	—	5	5	16	20	36
	No. %	—	—	—	—	0.04	0.04	—	0.4	0.4	—	—	—	1.0	0.3	1.3	—	0.2	0.2	0.1	0.1	0.3
Skin	.....	—	234	234	—	303	303	24	502	526	—	609	609	81	366	447	27	211	238	132	2,225	2,357
	No. %	—	29.6	29.6	—	11.1	11.1	0.9	19.9	20.8	—	21.7	21.7	5.1	23.3	28.4	1.1	8.5	9.6	1.0	17.3	18.3
Ringworm (Scalp)	.....	—	—	—	—	—	—	—	—	—	—	2	2	1	—	1	—	—	—	1	2	3
	No. %	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	—	0.1	—	—	0.01	0.02	0.02	
Ringworm (Body)	.....	—	—	—	—	—	—	—	—	—	—	—	—	4	2	6	—	—	—	4	2	6
	No. %	—	—	—	—	—	—	—	—	—	—	—	—	0.3	0.1	0.4	—	—	0.03	0.02	0.05	
Scabies .....	.....	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1
	No. %	—	—	—	—	—	—	—	—	—	—	0.04	0.04	—	—	—	—	—	—	—	0.01	0.01
Impetigo.....	.....	1	—	1	—	—	—	—	—	—	—	—	—	4	8	12	—	—	—	5	8	13
	No. %	0.1	—	0.1	—	—	—	—	—	—	—	—	—	0.3	0.5	0.8	—	—	0.04	0.06	0.1	
Other Conditions	.....	2	7	9	—	32	32	40	22	62	11	2	13	24	22	46	19	43	62	96	128	224
	No. %	0.2	0.9	1.1	—	1.2	1.2	1.6	0.9	2.5	0.4	0.1	0.5	1.5	1.4	2.9	0.8	1.7	2.5	0.7	1.0	1.7
Eyes	.....	8	103	111	59	297	356	262	340	602	29	264	293	157	143	300	120	308	428	635	1,455	2,090
	No. %	1.0	13.0	14.0	2.1	10.9	13.0	10.4	13.5	23.9	1.0	9.5	10.5	10.0	9.1	19.1	4.8	12.4	17.2	4.9	11.3	16.2
Squint .....	.....	3	10	13	4	40	44	21	38	59	1	22	23	56	39	95	13	50	63	98	199	297
	No. %	0.4	1.2	1.6	0.1	1.5	1.6	0.8	1.5	2.3	0.04	0.8	0.8	3.6	2.4	6.0	0.5	2.0	2.5	0.8	1.5	2.3
Other .....	.....	—	10	10	2	47	49	26	9	35	10	2	12	5	4	9	5	17	22	48	89	137
	No. %	—	1.2	1.2	0.1	1.7	1.8	1.0	0.4	1.4	0.3	0.1	0.4	0.3	0.3	0.6	0.2	0.7	0.9	0.4	0.7	1.1
Ears	.....	2	1	3	11	5	16	19	13	32	3	1	4	11	10	21	3	11	14	49	41	90
	No. %	0.3	0.1	0.4	0.4	0.2	0.6	0.8	0.5	1.3	0.1	0.04	0.1	0.7	0.6	1.3	0.1	0.4	0.5	0.4	0.3	0.7
Otitis Media	.....	3	3	6	7	7	14	4	9	13	—	—	—	17	5	22	—	—	—	31	24	55
	No. %	0.4	0.4	0.8	0.2	0.2	0.5	0.2	0.4	0.6	—	—	—	1.1	0.3	1.4	—	—	—	0.2	0.2	0.4
Other .....	.....	—	—	—	2	1	3	3	—	3	—	—	—	7	1	8	—	1	1	12	3	15
	No. %	—	—	—	0.1	0.04	0.1	0.1	—	0.1	—	—	—	0.4	0.1	0.5	—	0.04	0.04	0.1	0.02	0.1
Nose or Throat	.....	25	20	45	259	58	317	373	112	485	352	21	373	137	23	160	462	57	519	1,608	291	1,899
	No. %	3.2	2.5	5.7	9.5	2.1	11.6	14.8	4.4	19.2	12.6	0.7	13.3	8.7	1.5	10.2	18.6	2.3	20.9	12.5	2.2	14.7

TABLE 62.—SUMMARY OF DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS (Continued)

Defect		Division 1			Division 2			Division 3			Division 4			Division 5			Division 6			County	
		O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T
Speech	No. %	4 0.5	6 0.8	10 1.3	31 1.1	19 0.7	50 1.8	18 0.7	25 1.0	43 1.7	27 1.0	4 0.1	31 1.1	26 1.6	20 1.3	46 2.9	30 1.2	10 0.4	40 1.6	136 1.1	84 0.6
Cervical Glands	No. %	5 0.6	—	5 0.6	37 1.4	4 0.1	41 1.5	54 2.1	4 0.2	58 2.3	469 16.7	14 0.5	483 17.2	134 8.6	40 2.5	174 11.1	383 15.4	27 1.1	410 16.5	1,082 8.4	89 0.7
Heart and Circulation	No. %	2 0.3	4 0.5	6 0.8	15 0.6	6 0.2	21 0.8	33 1.3	5 0.2	38 1.5	41 1.5	1 0.04	42 1.5	36 2.3	7 0.4	43 2.7	104 4.2	16 0.6	120 4.8	231 1.8	39 0.3
Lungs (Non T.B.)	No. %	3 0.4	4 0.5	7 0.9	28 1.0	17 0.6	45 1.6	34 1.4	6 0.2	40 1.6	73 2.6	4 0.1	77 2.7	52 3.3	7 0.4	59 3.7	24 1.0	15 0.6	39 1.6	214 1.7	53 0.4
Tuberculosis	No. %	—	—	—	1 0.04	—	1 0.04	2 0.1	—	2 0.1	—	—	—	14 0.9	1 0.1	15 1.0	—	—	—	17 0.1	1 0.01
Non-Pulmonary	No. %	1 0.1	—	1 0.1	—	—	—	2 0.1	—	2 0.1	1 0.04	—	1 0.04	5 0.3	—	5 0.3	1 0.04	1 0.04	2 0.1	10 0.1	1 0.01
Hernia	No. %	—	—	—	1 0.04	2 0.1	3 0.1	12 0.5	11 0.4	23 0.9	2 0.1	4 0.1	6 0.2	7 0.4	2 0.1	9 0.6	1 0.04	—	1 0.04	23 0.2	19 0.1
Other	No. %	—	—	—	10 0.4	5 0.2	15 0.6	33 1.3	17 0.7	50 2.0	15 0.6	4 0.1	19 0.7	29 1.8	8 0.5	37 2.3	3 0.1	2 0.1	5 0.2	90 0.7	36 0.3
Posture	No. %	—	—	—	6 0.2	12 0.4	18 0.7	7 0.3	2 0.1	9 0.4	8 0.3	48 1.7	56 2.0	84 3.3	24 1.5	108 6.8	53 2.1	22 0.9	75 3.0	158 1.2	108 0.8
Flat Foot	No. %	4 0.5	1 0.1	5 0.6	8 0.3	18 0.7	26 1.0	35 1.4	39 1.5	74 2.9	5 0.2	6 0.2	11 0.4	25 1.6	22 1.4	47 3.0	103 4.1	28 1.1	131 5.2	180 1.4	114 0.9
Other	No. %	5 0.6	5 0.6	10 1.3	12 0.4	8 0.3	20 0.7	17 0.7	8 0.3	25 1.0	14 0.5	5 0.2	19 0.7	107 6.8	38 2.4	145 9.2	25 1.0	12 0.5	37 1.5	180 1.4	76 0.6
Epilepsy	No. %	1 0.1	—	1 0.1	1 0.04	—	1 0.04	3 0.1	—	3 0.1	—	—	—	6 0.4	—	6 0.4	2 0.1	—	2 0.1	13 0.1	—
Other	No. %	1 0.1	—	1 0.1	9 0.3	2 0.1	11 0.4	5 0.2	4 0.2	9 0.4	1 0.04	—	1 0.04	22 1.4	4 0.2	26 1.6	2 0.1	—	2 0.1	40 0.3	10 0.1
Development	No. %	—	—	—	—	—	—	1 0.04	1 0.04	2 0.1	48 1.7	11 0.4	59 2.1	38 2.4	2 0.1	40 2.5	9 0.3	24 1.0	33 1.3	96 0.7	38 0.3
Stability	No. %	—	—	—	1 0.04	—	1 0.04	2 0.1	1 0.04	3 0.1	—	—	1 0.04	7 0.4	3 0.2	10 0.6	2 0.1	1 0.04	3 0.1	12 0.1	6 0.05
Other Conditions	No. %	2 0.3	—	2 0.3	—	—	—	7 0.3	5 0.2	12 0.5	4 0.1	—	4 0.1	8 0.5	10 0.6	18 1.1	—	—	—	21 0.2	15 0.1

General Condition of Children :

Table 61 is a summary of the general condition of children examined in the various age groups classified under three categories, *i.e.*, A—Good, B—Fair and C—Poor. As experienced in previous years, the percentages shown against Divisional Areas vary to some extent and in comparing these it is necessary to take into account varying conditions throughout the County while due regard must also be paid to the fact that the criteria of general conditions must vary to some extent with the individual examining officer. The following are comparative figures of the relative percentages recorded during the past three years in relation to the statutory age groups :—

Age Groups	A—Good			B—Fair			C—Poor		
	1957 %	1958 %	1959 %	1957 %	1958 %	1959 %	1957 %	1958 %	1959 %
First year at school	91.8	93.8	94.9	7.9	6.0	5.0	0.3	0.2	0.1
10—12 years	94.6	93.9	95.4	5.3	5.8	4.5	0.1	0.3	0.1
13—14 years	96.2	96.1	96.6	3.7	3.4	3.2	0.1	0.5	0.2

The great majority of school children are well nourished and only a very small number are considered to be suffering from mal-nutrition, and there is no doubt that this has been contributed to by the provision of school meals and school milk, by the general building up of the Social Services and by the spread of Health Education among parents.

Cleanliness :

Defects in relation to general cleanliness found at routine medical inspections numbered 159, representing 1.2 per cent. of the children examined an incidence rate similar to that recorded for the previous year but higher than those of 0.6 per cent. and 1.0 per cent. recorded for 1956 and 1957 respectively. The general standard of personal cleanliness remains high and although a continuing higher level of economic prosperity may be regarded as a contributory factor, the principal reasons are the parts played by the Committee's officers under the School Health Services and the teachers, along with improvements to school buildings resulting in improved hygiene.

Infestation :

During the year defects in relation to infestation found at routine medical inspection numbered 323, representing 2.5 per cent. of the number of children examined, a rate which compares favourably with that of 3.6 per cent. recorded for the previous year. Of the 323 children with this defect 287 had infestation of the head and 36 had infestation of the body.

The decrease in the incidence of infestation is a tribute to the continuing attention which is given to this condition by Health Visitors. When one considers how easily and quickly the condition can be remedied successfully to-day with the choice of preparations available it is disappointing to record its recurrence even though in much reduced incidence, but there is little hope that infestation will ever be eradicated entirely among school children so long as their remains a hard core of neglectful parents who continually allow their children to become re-infested in their homes.

Dental Defects :

Of the total of 12,897 children examined at routine medical inspection 2,357, or 18.3 per cent., were found to have dental defects in comparison with a rate 19.5 per cent. for the previous year. A report on the Dental Services will be found on Page 101.

Skin :

Routine medical inspections disclosed skin diseases in 1.9 per cent. of the children examined in comparison with a rate of 2.8 per cent. for the previous year, the incidence in all categories being notably low, the vigilance and co-operation of teachers being of great assistance in controlling skin ailments the total effect of which on school attendances was negligible.

Eyes :

Year	Defects of Vision			Squint			Other Conditions of the Eyes			All Eye Defects		
	O	T	Total	O	T	Total	O	T	Total	O	T	Total
1953	8.1	9.6	17.7	0.7	1.2	1.9	0.5	0.7	1.2	9.3	11.5	20.8
1954	6.8	10.5	17.3	0.8	1.1	1.9	0.8	0.7	1.5	8.4	12.3	20.7
1955	6.4	8.3	14.7	0.6	1.1	1.7	0.3	0.7	1.0	7.4	10.0	17.4
1956	7.1	8.5	15.6	0.7	1.1	1.8	0.4	0.5	0.9	8.3	10.0	18.3
1957	8.9	8.7	17.6	1.3	1.5	2.8	0.5	0.4	0.9	10.7	10.6	21.3
1958	7.8	9.7	17.5	1.3	1.4	2.7	0.4	0.5	0.9	9.6	11.5	21.1
1959	4.9	11.3	16.2	0.8	1.5	2.3	0.4	0.7	1.1	6.1	13.5	19.6

The above are comparative figures of the incidence rates of eye defects found at routine medical inspections during the last seven years from which it will be noted that the overall tendency of incidence over that period has fluctuated but that the incidence of defects—all types—requiring observation for the year under review is the lowest recorded since 1953 while for those requiring treatment the rate is the highest recorded. This is not due to any great increase in the number of children with defects requiring treatment but to the fact that a revised standard of assessment was employed during the year, the new procedure placing some children in the treatment category who would hitherto have been classified under observation. With regard to detailed categories of eye defects the revised method affected only the group Defects of Vision in which the circumstance of record low incidence under observation and record high incidence under Treatment are apparent.

The general incidence rates of Squint and Other Conditions of the Eyes show the usual minor fluctuations and reflect no abnormal trends in either Observation or Treatment.

Ophthalmic Clinics were held at 7 Centres during the year. Details of these clinics are given in Table 30 together with a summary of the work carried out at each. The Grand Total of 3,394 attendances at these clinics represents a substantial increase in comparison with totals of 1,597, 2,351, and 3,051 in 1956, 1957 and 1958 respectively. In addition to referments following routine medical inspection children who may possibly require to be referred to the ophthalmogists are discovered by the health visitors on their frequent visits to schools and in the course of their domiciliary visiting under the Child Welfare Scheme.

Conditions of the Ears, Nose and Throat :

The overall incidence of defects of the ears, 1.2 per cent., is similar to the rate for the previous year, while the rates in both observation and treatment categories of the classified types of ear defect show little, if any, variation on those for last year.

It is becoming more widely known that early detection of deafness or partial deafness among children is of vital importance to their development and because of this a number of the Committee's Officers have attended Special Courses on the detection of Hearing Loss among Children, details of which are given in a later page of this report.

The incidence of nose and throat conditions for the year is 14.7 per cent. in comparison with a rate of 17.6 per cent. for last year. In the category of defects of the nose and throat requiring treatment the rate is 2.2 per cent. in comparison with 2.7 per cent. in 1958, a decrease which can, no doubt, be attributed to the fact that facilities are gradually becoming more readily available. With the lessened risk of Poliomyelitis following tonsillectomy now that a high proportion of children have been protected against that disease one is hopeful that the E.N.T. surgeons may soon be able to reduce their long waiting lists for treatment.

Speech Defects :

Routine medical inspections disclosed speech defects in 1.7 per cent. of the children examined in comparison with a rate of 2.2 per cent. for the previous year, the rate for those requiring treatment being 0.6 per cent. in comparison with 0.9 per cent. in 1959. Comments on the Speech Therapy Service are given on a later page of this report.

Heart and Circulation :

Of the number of children who were examined 2.1 per cent. were discovered to have defects under this heading in comparison with 2.7 per cent. in 1958. The incidence rate of defects requiring treatment is 0.3 per cent. and 1.8 per cent. for those requiring observation, the respective rates for the previous year being 0.3 per cent. and 2.4 per cent.

Rheumatic heart disease now affects fewer children and congenital heart lesions are the conditions most commonly encountered. Every year now new children are examined at routine medical inspections who have had successful cardiac surgery for congenital heart disease, the children being able to lead normal lives without restrictions.

Conditions affecting the Lungs—Non-Tuberculous :

During the year 267 of the children examined were found to have defects of the lungs of a non-tuberculous nature, 214, or 1.7 per cent. being referred for observation and 53, or 0.4 per cent., for treatment these rates showing little if any variation on those for the previous year.

Tuberculosis :

The overall incidence rate of tuberculosis defects 0.2 per cent., is similar to that recorded in 1957 and in 1958.

Orthopaedic Defects :

The overall incidence of orthopaedic defects was 6.3 per cent. in comparison with a rate of 8.8 per cent. for the previous year the decrease in incidence applying largely to the observation category a slight fall only being recorded in such conditions noted as requiring treatment, *i.e.*, from 2.4 per cent. in 1958 to 2.3 per cent. in 1959. Flat foot was again the most common orthopaedic defect. Some children seen at routine medical inspections who had previously been referred for physiotherapy have been particularly noted to have benefited from the treatment. Comments on the Physiotherapy Service are given on Page 79 of this report.

Infectious Diseases in Schools :

My comments on Infectious Diseases in general are contained in later pages of this report, from which it will be noted that the County remained free from epidemics during the year, and there was no occasion to recommend the closure of any school owing to the prevalence of infectious disease.

Particulars relating to the numbers of school children immunised against infectious diseases during the year and the general immunisation state of the school population are contained in previous pages.

HANDICAPPED CHILDREN

TABLE 63—NUMBER OF CHILDREN IN RESPECT OF WHOM MEDICAL REPORTS HAVE BEEN FORWARDED TO THE DIRECTOR OF EDUCATION ADVISING UPON THE NATURE AND EXTENT OF THE DISABILITIES OF MIND OR BODY FROM WHICH THEY ARE SUFFERING.

These reports are made to enable the Education Committee to decide whether the children require special educational treatment.

Category of Handicap		Division						Total
		1	2	3	4	5	6	
Blind		—	1	1	—	—	—	2
Partially Sighted		—	1	1	—	—	—	2
Deaf		—	1	—	4	—	—	5
Partially Deaf		—	—	—	1	1	—	2
Delicate		—	—	3	—	—	1	4
Educationally Sub-normal		6	23	49	9	12	22	121
Epileptic		—	—	—	—	—	—	—
Maladjusted		—	—	1	—	—	—	1
Physically Handicapped		1	1	6	1	1	—	10
Speech Defect		—	—	1	—	—	—	1
TOTALS		7	27	62	15	14	23	148
Comparative Totals	1958	9	34	35	30	17	52	177
	1957	3	13	21	22	18	9	86
	1956	8	36	23	28	9	50	154
	1955	30	13	21	22	24	33	143
	1954	17	70	30	31	10	61	219
	1953	17	49	41	38	15	21	181
	1952	60	84	34	49	26	78	331

NOTE.—In the foregoing Table, children with multi-handicaps are included only in the category which was first named by the examining Medical Officer.

Up to the end of 1956 the statutory duties relating to Handicapped Pupils were shared by the Health and Education Committees, the Health Committee being responsible for the ascertainment of these children and for recommendations as to the form of educational treatment advisable for them, whilst the Education Committee was responsible for providing such educational treatment. As from the beginning of 1957 the duties of the Health Committee in this field became the responsibility of the Education Committee, the latter body since then being responsible under statute for securing ascertainment and determining the form of educational treatment necessary in addition to providing that treatment. In relation to ascertainment, however, the existing arrangements are that the Medical Officers of the Health Department carry out the necessary medical examinations and in conjunction with the officials of the Education Committee advise on the nature and extent of existing disabilities and on the form of educational treatment necessary.

MENTALLY INEDUCABLE CHILDREN

TABLE 64—NUMBER OF CHILDREN IN RESPECT OF WHOM MEDICAL REPORTS HAVE BEEN FORWARDED TO THE DIRECTOR OF EDUCATION ADVISING THAT THE CHILDREN ARE SUFFERING FROM DISABILITIES OF MIND OF SUCH NATURE AND EXTENT AS TO MAKE THEM INCAPABLE OF RECEIVING EDUCATION AT SCHOOL.

These reports are made to enable the Education Committee to decide whether the Northern Ireland Hospitals Authority should be notified accordingly.

Division		1	2	3	4	5	6	Total
No. assessed		9	5	16	5	5	7	47
Comparative Totals	1958	6	6	12	6	2	5	37
	1957	1	4	5	—	1	—	11
	1956	4	1	6	3	3	4	21
	1955	5	2	4	6	5	7	29
	1954	9	4	1	1	4	10	29
	1953	1	9	5	4	6	5	30
	1952	7	14	15	14	12	14	76

As from the 1st January, 1957 the responsibility for the assessment of mentally ineducable children became part of the duties of the Education Committee. The medical examinations are, however, carried out by the Medical Officers of the Health Department under arrangements similar to those in operation with regard to the assessment of Handicapped Children. It is part of the statutory duty of the Education Committee to notify children assessed as mentally ineducable to the Special Care Service of the Northern Ireland Hospitals Authority, the body responsible for the care of ineducable children.

SPEECH THERAPY

The Speech Therapy Service was recommenced by the appointment of a Speech Therapist in September, 1959. The service had ceased to operate in May, 1958 when the previous Speech Therapist resigned.

It was decided that, initially at any rate, the service should be limited to only a part of the County. Past experience has shown that it is impracticable for one therapist to attempt to cover the whole County.

Accordingly treatment centres were opened as follows :—

Division 1	Bangor Clinic	2 sessions weekly
	Bangor Central School	1 session weekly
	Donaghadee Clinic	1 session weekly
Division 2	Newtownards Clinic	2 sessions weekly
	Comber Clinic	1 session weekly
	Greyabbey Clinic	1 session weekly

Later it was possible to hold a second session in Greyabbey.

These centres were chosen because :—

- (1) There were sufficient children in the vicinity requiring Speech Therapy.
- (2) The distances between them were short so the therapist would not lose valuable time travelling.

Children, who had been receiving treatment at the time of the suspension of the service, were given priority when it was recommenced.

Many more children had been referred for Speech Therapy since that time, by school teachers and general practitioners as well as by the Divisional Medical Officers. In addition, a large number of children were referred when the therapist visited all the schools in the two Divisions.

Many teachers expressed appreciation of the service that was being provided and all gave their fullest co-operation.

Co-operation from parents has also been good although some have refused treatment for their children owing to transport difficulties. For the same reason the attendance of other children has been irregular.

As in previous years children have continued to attend the Cleft Palate Clinic at the Royal Belfast Hospital for Sick Children where the patient can receive the combined advice of the Plastic Surgeon, Orthodontist, Dentist and Speech Therapist.

It is regrettable that, owing to the shortage of trained staff, Speech Therapy must be confined to two Divisions and, at present, cannot be extended to include the rest of the County.

1. Cases receiving treatment at suspension of Speech Therapy Service in May, 1958	66
Number of cases in which treatment continued	32
Number of cases in which treatment not continued :	
(1) Because speech now normal	19
(2) because of failed appointments	15

34

2. New Referrals :

Total number of children referred to Speech Therapist	.....	.....	.....	267
Number of cases in which treatment was refused or no reply	.....	.....	.....	9
Number found not to require treatment or to be unsuitable for treatment	.....	.....	.....	64
Number of children requiring treatment	.....	.....	.....	175
Number of cases pending classification	.....	.....	.....	19

3. Number of new treatments commenced 53

4. Children on Register at 31st December, 1959 :

Number of children receiving treatment	.....	.....	.....	59
Number of children under observation	.....	.....	.....	16
Number of children awaiting treatment	.....	.....	.....	122
Total number of attendances for treatment	.....	.....	.....	396
Number of cases in which treatment was completed	.....	.....	.....	4
Number of cases referred to hospital or special school	.....	.....	.....	4
Number of cases removed from register due to failed appointments, change of address, etc.	.....	.....	.....	2

Arrangements were made with the Ards Hospital whereby the Speech Therapist undertook to provide a part-time service for adult patients amounting to one session per week.

TABLE 65—ATTENDANCES AT PHYSIOTHERAPY CLINICS—YEAR 1959.

Division	Clinic	No. of Sessions	Attendances			Failed Appointments	Cases Completed
			First	Subsequent	Total		
1	Bangor	47	33	283	316	84	31
2	Comber Primary School*	34	23	225	248	40	38
	Comber Intermediate School	58	55	399	454	86	47
3	Cregagh	49	34	314	348	76	28
	Holywood	48	20	284	304	80	17
4	Banbridge	45	28	289	317	68	23
	Dromore	45	10	223	233	45	8
5	Downpatrick	48	36	313	349	71	37
6	Newry	95	57	649	706	116	54
Totals		469	296	2,979	3,275	666	283

* Clinic at Comber Primary School was closed on 4th May, 1959.

* Clinic at Comber Intermediate School commenced on 11th May, 1959.

TABLE 66—PHYSIOTHERAPY-TYPES OF CONDITIONS TREATED DURING 1959.

Nature of Defect	Div. 1	Div. 2	Div. 3	Div. 4	Div. 5	Div. 6	TOTALS
Flat Feet	17	33	20	4	6	38	118
Kyphosis	3	11	2	4	9	7	36
Scoliosis	1	—	1	—	—	1	3
Asthma	3	3	9	2	4	8	29
Poor Posture	2	2	3	4	15	5	31
Debilitated	—	2	—	—	—	2	4
Nasal Catarrh	1	—	5	—	—	—	6
Bronchiectasis	2	—	1	2	2	—	7
Sinusitis	—	—	2	—	—	—	2
Old Injuries, etc.	5	13	7	19	1	2	47
Post-Polio	—	—	1	—	—	2	3
Spastic	1	—	1	—	—	1	3
Facial Paralysis	—	—	—	—	—	1	1

PHYSIOTHERAPY SERVICE

The Physiotherapy Service continued successfully during the year, and, although no major changes were made, steady progress has been maintained.

Treatment Sessions were held at the following places in the County :—

Division	Location	No. of Sessions per week
1	Child Health and Welfare Clinic, Central Avenue, Bangor.	1
2	Comber Primary School (Closed on 4th May, 1959).	2
	Comber Secondary Intermediate School.	2
3	Child Health and Welfare Clinic, 331 Cregagh Road, Belfast.	1
	Child Health and Welfare Clinic, Queen's Hall, Holywood.	1
4	Child Health and Welfare Clinic, Prince's Street, Dromore.	1
	Child Health and Welfare Clinic, Newry Street, Banbridge.	1
5	Child Health and Welfare Clinic, Pound Lane, Downpatrick	1
6	Child Health and Welfare Clinic, John Mitchell Place, Newry.	2

The figures relating to the work of the Physiotherapy Service are shown in Tables 65 and 66.

As noted in previous years, the number of children requiring treatment for flat feet remains high ; however, like many other defects, if treated soon after onset this condition usually shows considerable improvement.

The co-operation of parents and teachers has assisted in improved posture in many of those children with postural defects who have undergone a course of treatment under the Committee's scheme.

INFECTIOUS DISEASES

TABLE 67—SUMMARY OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR

Local Area	Acute Encephalitis	Acute Influenzal and Acute Primary Pneumonia	Anthrax	Cerebro-Spinal Fever	Dysentery	Encephalitis Lethargica	Erysipelas	Food Poisoning (Bacterial Origin)	Gastro-Enteritis (Up to 2 years of age only)	Glandular Fever	Pemphigus Neonatorum	Infectious Hepatitis	Leptospiral Jaundice	Measles	Poliomyelitis	Puerperal Pyrexia including Fever	Rheumatic Fever	Scarlatina or Scarlet Fever	Typhoid Fever	Paratyphoid Fever	Undulant Fever	Vincent's Angina	Whooping Cough	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Total	Total Year 1958	
Banbridge Urban	—	4	—	1	2	—	1	—	4	1	—	4	—	14	—	—	—	—	1	—	—	—	1	2	—	21	14	
Bangor Borough	1	—	—	—	1	—	—	—	—	—	—	—	—	72	—	—	—	—	—	—	—	—	12	—	1	124	26	
Donaghadee Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	58	—	—	—	4	—	—	—	—	5	—	2	63	3	
Downpatrick Urban	—	—	—	—	1	—	—	—	2	—	—	—	—	10	—	—	—	—	—	—	—	1	1	—	—	9	41	
Dromore Urban	—	2	—	—	16	—	—	1	3	—	—	7	—	226	—	—	—	42	1	—	—	56	1	—	—	355	79	
Holywood Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	1	5	2	
Kilkeel Urban	—	—	—	—	5	—	—	—	4	—	—	—	—	4	—	—	—	—	1	—	—	—	1	—	1	15	5	
Newcastle Urban	—	—	—	—	1	—	—	—	—	—	—	—	—	21	—	—	—	3	—	—	—	2	16	3	—	47	54	
Newry Urban	—	—	—	—	3	—	—	2	—	—	—	4	—	20	—	—	1	3	—	—	—	9	4	—	—	46	24	
Newtownards Borough	—	—	—	—	—	—	—	—	2	—	—	—	—	113	—	—	—	3	—	—	1	—	1	—	—	120	3	
Warrenpoint Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Borough and Urban Totals	1	6	—	2	29	—	1	3	15	2	—	15	—	538	—	—	1	60	3	—	1	—	88	46	8	819	258	
Banbridge Rural	—	9	—	2	35	—	2	2	—	7	—	5	2	34	—	1	—	8	—	—	—	—	4	4	2	132	198	
Castlereagh Rural	—	6	—	1	2	—	2	6	16	—	—	19	—	446	—	1	—	44	—	—	—	—	72	13	3	632	198	
Downpatrick Rural	—	4	1	—	30	—	—	—	—	2	—	—	—	80	—	—	1	6	—	—	—	4	19	6	—	153	102	
Hillsborough Rural	—	11	—	1	7	—	—	2	4	—	—	27	—	215	—	1	—	18	—	—	—	15	11	—	—	312	104	
Kilkeel Rural	—	—	—	—	1	—	—	—	—	—	—	—	—	76	—	—	—	8	—	—	—	—	5	2	—	92	24	
Moirs Rural	—	4	—	—	—	—	1	1	—	—	—	3	—	51	—	1	—	25	—	—	—	2	4	1	113	215		
Newry No. 1 Rural	—	—	—	—	—	—	—	—	1	—	—	—	—	27	—	—	—	2	—	—	—	12	6	2	50	147		
North Down Rural	—	1	—	—	3	—	2	1	1	1	—	1	—	187	—	—	—	11	—	—	—	—	9	4	—	233	119	
Rural Totals	—	35	1	4	78	—	7	12	22	10	—	55	2	1,116	—	4	1	122	—	2	—	2	153	71	20	1,717	1,107	
Gross Totals	1	41	1	6	107	—	8	15	37	12	—	70	2	1,654	—	4	2	182	3	2	1	2	241	117	28	2,536	—	
Gross Totals—1958	—	46	1	5	73	1	6	7	26	3	1	77	1	622	5	3	3	90	1	—	—	1	235	125	33	—	1,365	

Only the first case of measles or whooping cough in a household is notifiable, unless a period of two months intervenes in the case of the former disease and three months in the case of the latter.

INFECTIOUS DISEASES

Table 67 is a classified summary of the confirmed cases of infectious diseases notified during the year. The table does not include certain compulsorily notifiable diseases in relation to which no confirmed cases occurred during this or the previous year, namely, Diphtheria, Malaria, Ophthalmia Neonatorum, Psittacosis, Relapsing Fever, Trachoma, Cholera, Plague, Smallpox, Typhus and Yellow Fever.

The following are comparative figures of total notifications for each year since 1949, from which it will be seen that fairly wide fluctuations are a feature of these annual returns :—

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
3,293	3,428	3,218	2,277	2,608	2,481	3,826	1,937	3,212	1,365	2,536

The incidence of infectious disease was much higher than during the previous year ; against 1,365 cases notified during 1958, 2,536 cases were notified during 1959, the increase of 1,171 cases between the two years being largely accounted for by a much greater incidence in cases of Measles, Scarlet Fever and Dysentery, there being no fluctuations of particular numerical significance in the remaining categories. Of the total of 2,536 cases notified in relation to all categories, 1,654 notifications or 65.2 per cent. were in respect of Measles, 241 notifications or 9.5 per cent. were in respect of Whooping Cough, 182 notifications or 7.2 per cent. were in respect of Scarlet Fever, 145 notifications or 5.7 per cent. were in respect of Tuberculosis and 107 notifications or 4.2 per cent. were in respect of Dysentery, these five categories together accounting for 2,536 notifications or 91.8 per cent. of the total.

Acute Encephalitis :

One case of this disease occurred during the year, relating to a child aged 13 years who was in temporary residence in the County and who made a complete recovery.

Acute Influenzal and Acute Primary Pneumonia :

Forty-one cases of Acute Influenzal and Acute Primary Pneumonia were notified during the year in comparison with a total of 46 cases for the previous year ; 18 of the cases occurred during the first quarter, 19 in the second quarter, 1 in the third quarter and 3 in the fourth quarter. The number of deaths assigned to Influenza and Pneumonia during the year was 37 and 112 respectively in comparison with totals of 11 and 111 for the previous year, the distribution of the deaths for the year according to registration periods being :—

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Influenza	14	21	—	2
Pneumonia	49	26	17	20

Anthrax :

One case of this disease occurred the patient being a girl aged eight years who made a good recovery. Investigation of the occurrence suggested that the patient contracted the disease through bathing near an outfall discharging effluent from a Tannery. Work was actually in progress at that time in laying a sewer which would receive the effluent with a view to preventing danger to public health.

Cerebro-Spinal Fever :

Six cases of this disease occurred in comparison with totals of 13, 8, 10, 7 and 5 for 1954, 1955, 1956, 1957 and 1958 respectively. Of the cases notified during the year, all related to children under 14 years of age, excepting one case in which the patient was an adult aged 35 years. Two deaths resulted, the first relating to the adult patient and the second to a baby aged 18 months.

Diphtheria :

This is the eighth successive year in which no cases of Diphtheria occurred. (For Immunisation against Diphtheria see Section commencing on Page 51 of this report).

Dysentery :

One hundred and seven cases of varying type, though mainly of the Sonne strain, were notified during the year in comparison with totals of 46, 130, 31, 39 and 73 for 1954, 1955, 1956, 1957 and 1958 respectively, the incidence being relatively much higher than in any other year since 1949 with the exception of 1955. Of the total cases for the year 62 occurred in the first quarter, 20 in the second quarter, 6 in the third quarter and 19 in the fourth quarter. In previous years the majority of the cases related to persons resident either permanently or temporarily in institutions, the comparative incidence of the occurrence of the disease in the home, as represented by notification, being very much lower, but for the year under review notifications in respect of the latter accounted for the greater proportion of the total cases, as will be seen from the following analysis of the notifications :—

No. of patients involved	1	2	3	4	5	6	7	17	22	Total
Domiciliary	20	3	1	1	1	1	—	1	—	61
Institutions	3	4	—	—	—	1	1	—	1	46

No deaths attributable to Dysentery occurred.

Food Poisoning :

Notifications of Food Poisoning numbered 15 in comparison with totals of 11, 8, 4, 1 and 7 for 1954, 1955, 1956, 1957 and 1958 respectively. Fourteen of the cases notified during the year were sporadic and unrelated to any other simultaneous occurrence, the remaining case being related to an outbreak involving three persons two of whom resided in another Health Authority area. Classification of the cases according to type was Salmonellosis Enteriditis 7 cases, Salmonellosis Typhi-Murium 5 cases, Salmonellosis Bovis Morbicans 1 case, Salmonellosis Brandenburg 1 case and Clinical Diagnosis only (no pathogens isolated) 1 case. In twelve of the cases investigation failed to reveal a source of infection and of the remaining three cases the illness in one was adjudged to be associated with deplorably primitive home conditions, in another with the consumption of shellfish and in the third it was attributed, though not conclusively, to the consumption of tinned meat. No deaths attributable to Food Poisoning occurred.

Gastro-Enteritis (up to 2 years of age only) :

The figure of notifications of Gastro-Enteritis for the year, 37, is higher by 11 than the number of cases which occurred in 1958, a substantial increase, although the incidence remained much lower than in any year from 1949 to 1957. Fourteen of the cases were successfully nursed at home and twenty-three were admitted to hospital for treatment, two deaths occurring among the latter. The following are comparative figures of notifications and deaths since 1949 from which reduced morbidity and mortality rates can be noted :—

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
No. of Cases	54	45	47	39	58	48	42	43	41	26	37
No. of Deaths	12	8	6	8	11	9	3	4	4	3	2

Glandular Fever :

Twelve cases of Glandular Fever were notified in comparison with a total of 3 cases for the previous year and representing a comparatively high incidence, the greater proportion of the cases occurring in Banbridge Rural district, a preponderance noted in previous reports.

Infectious Hepatitis :

The general incidence of this disease as represented by notifications has remained somewhat static during the past three years, 70 cases being notified in 1959 in comparison with 70 and 77 for 1957 and 1958. One death, relating to a child aged three years, occurred among the cases notified during the year under review.

Leptospiral Jaundice :

Two cases of Leptospiral Jaundice occurred during the year none of which proved fatal, the patients in both instances making a good recovery. In the first case notified the onset of illness was associated with rodent infestation in the vicinity of the patient's home and control measures were put into effect, while in the second it was considered that the patient had contracted the disease through bathing in a river where the water may have contained the causative organism *Leptospira Icterohaemorrhagica*.

Measles :

This disease had the highest incidence rate of all notifiable infectious diseases, the sharp increase in incidence in comparison with the number recorded in the previous year conforming with the general tendency of the disease to fluctuate in alternate years, as will be noted from the following comparative returns :—

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
No. of cases	1,189	1,404	1,759	959	1,298	1,426	2,223	498	2,438	622	1,654
No. of deaths	1	2	2	—	—	—	1	1	—	—	—

The disease was mainly prevalent in the first and second quarters of the year in which the respective number of cases notified were 495 and 955, and though affecting most areas of the County simultaneously, it showed a greater level of incidence in the northern districts. It is gratifying to report that this is the third successive year in which no deaths were caused by Measles.

Poliomyelitis :

This is the first year since 1948 in which no confirmed cases of Poliomyelitis occurred, and it is justifiable to hope that this satisfactory position is attributable in some measure to the County's high rate of immunisation against this disease. During the year a number of persons were admitted to hospital on a provisional diagnosis of Poliomyelitis but subsequent clinical and laboratory findings did not confirm the diagnosis. The following are comparative figures of the number of cases which occurred in the County and the related deaths for the past twelve years, while statistics showing the progress of the Scheme for Immunisation against Poliomyelitis are contained in the section commencing on Page 58 of this report.

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
No. of cases	1	8	60	16	22	37	9	3	5	46	5	—
No. of deaths	—	—	5	—	1	2	—	—	—	—	1	—

Puerperal Pyrexia :

See Table 41 and comments on Page 49 of this report.

Rheumatic Fever :

Two cases of this disease were notified during the year in comparison with totals of 9, 8, 3 and 3 for 1955, 1956, 1957 and 1958 respectively. No deaths attributable to Rheumatic Fever occurred.

Scarlet Fever :

A total of 182 cases of Scarlet Fever occurred during the year under review, a low incidence rate in comparison with the annual figures prior to 1952, since when notifications of this disease have maintained a reduced though varying rate of incidence. The majority of the cases occurred in the Northern and Western areas of the County with a fairly even rate of occurrence throughout the year. One death associated with Scarlet Fever was registered during the year and relating to an adult female, the certified cause of death being Streptococcal Laryngitis.

Typhoid Fever and Paratyphoid Fever :

Three cases of Typhoid Fever were notified during the year and all occurred towards the end of August simultaneously with an outbreak affecting many administrative areas in Northern Ireland and which was found to have originated from a holiday caravan and hutment site at Ballyreagh on the North Coast of County Londonderry. At the onset of this outbreak measures were put into effect in liaison with other Local Health Authorities to prevent the spread of infection. These measures, which continued until the end of the outbreak in mid-September, included :—

- (a) follow-up of all known persons who had been in residence at or in the vicinity of the centre of the outbreak
- (b) follow-up of contacts of any such persons
- (c) investigation of all known carriers of the disease in the County with regard to the movements of themselves and their contacts and their possible connection with the Ballyreagh outbreak.

In all some 150 persons were kept under surveillance during the period and in a number of instances the preventive measures necessitated the exclusion from work of persons engaged in the handling of food. Concerted action on the part of the public, general practitioners and the staffs of the Ministry of Health and Local Government and Public Health Departments prevented the spread of the outbreak and there was little if any evidence of secondary infection.

Two of the cases of Typhoid Fever notified had their origin at Ballyreagh while the remaining case, unrelated to that area, involved a girl, aged eight years, who while on holiday in another Health Authority area had been in contact with an elderly relative who was a known carrier of the disease.

Two cases of Paratyphoid Fever were notified both relating to children, one aged ten years and the other aged six years. In the first case which occurred the illness was attributed to the consumption of uncooked shellfish, while in the second investigation failed to establish any possible source of infection.

In all of the cases of Typhoid and Paratyphoid Fever the patients made good recoveries.

Whooping Cough :

Notifications of Whooping Cough during the year totalled 241, the incidence being greatest in the first quarter when 140 cases were notified, notifications for the second, third and fourth quarters being 58, 20 and 23 respectively. From the following comparative figures it will be seen that the annual incidence, as represented by notifications, has remained low over the past three years, a position no doubt related to immunisation, but it is disappointing to note that two deaths occurred from the disease in 1959 following nil returns in this respect for the previous two years.—

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
No. of cases	675	462	426	631	479	298	758	798	61	235	241
No. of deaths	3	5	4	2	1	2	3	2	—	—	2

The two deaths resulting from the disease related to very young children, one aged 9 months not immunised, and the other aged 8 months who had received the first injection of a combined course of immunisation against Diphtheria and Whooping Cough about 9 days before the onset of illness. In the latter case the child while on holiday had been in contact with others suffering from Whooping Cough and had possibly contracted the disease before immunisation commenced.

While the present trend of incidence of Whooping Cough indicates that some measure of control has been gained over the disease, the general level of immunisation among children continues to remain much too low and unfavourable increases in the morbidity and mortality from it are still possible. The fact that the disease is still known to be accountable for much ill-health and that occasional deaths result from it serve to emphasise its existing danger to children. Investigation has proved that the simple procedure of immunisation affords a high degree of protection and all parents should ensure that their children are given this protection at the earliest possible age.

For immunisation against Whooping Cough see Section commencing on Page 55 of this report.

TUBERCULOSIS

TABLE 68.—NO. OF CASES ON TUBERCULOSIS REGISTER

	Division						Total
	1	2	3	4	5	6	
No. of cases on register at 1/4/59	288	274	542	303	466	546	2,419
No. of cases added to register from 1/4/59 to 31/12/59	14	14	36	11	25	44	144
No. of cases removed from register from 1/4/59 to 31/12/59	47	51	82	36	33	38	287
No. of cases remaining on register at 31/12/59	255	237	496	278	458	552	2,276
(Rate per 1,000 population	8.0	6.4	7.6	7.4	13.6	11.6	8.9)

TABLE 69—TUBERCULOSIS—NOTIFICATIONS AND DEATHS, 1948 TO 1959.

Year	Pulmonary		Non-Pulmonary		Total	
	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths
1948	366	125	76	33	442	158
1949	323	88	50	27	373	115
1950	229	71	51	21	280	92
1951	250	84	50	23	300	107
1952	231	55	51	16	282	71
1953	210	46	36	10	246	56
1954	248	34	54	15	302	49
1955	193	31	37	6	230	37
1956	186	22	31	5	217	27
1957	163	28	26	3	189	31
1958	125	29	33	6	158	35
1959	117	17	28	5	145	22

TUBERCULOSIS

During the first quarter of the year under review responsibility for the Hospital, Specialist and Preventive functions in relation to Tuberculosis continued to be vested in the Northern Ireland Tuberculosis Authority and close liaison was maintained with that body in all aspects of its work, particularly in the preventive and domiciliary nursing fields, practical assistance being provided in the nursing care of tuberculous patients on an agency basis under the Committee's Home Nursing Service on behalf of the Tuberculosis Authority, while the Committee's Medical Officers combined, on a similar basis, with their preventive functions under the School Health and Child Health Services the important duty of BCG Vaccination.

Under the Health Services Act (Northern Ireland), 1958, the existence of the Northern Ireland Tuberculosis Authority was terminated its Hospital and Specialist functions being transferred to the Northern Ireland Hospitals Authority and its Domiciliary functions to County and County Borough Health and Welfare Committees on the 1st April, 1959. The Domiciliary functions for which the Committee became directly responsible from that date are as follows :—

1. The visiting of tuberculous persons in their homes by health visitors.
2. The nursing of tuberculous persons in their homes.
3. The vaccination of persons against tuberculosis.
4. The dissemination of information and the giving of advice to the public on matters relating to tuberculosis.
5. The care and aftercare of tuberculous persons.
6. The disinfection of premises, clothing, bedding or other articles to prevent the spread of tuberculous infection.

The Northern Ireland Tuberculosis Authority was placed in effective control of the Tuberculosis Services throughout Northern Ireland on the 1st September 1947 and during the period of its existence a major change took place with regard to Tuberculosis. Through an integrated scheme services were developed to secure early ascertainment of the disease, to control the spread of infection and to provide treatment and convalescence facilities for all who required them. The huge success achieved in all aspects of the Authority's functions is measured by the fact that in 1959 a position had been attained where there was no further need for the Authority to maintain a separate existence. I have recorded in my previous Annual Reports my appreciation of the Authority's progress in fighting Tuberculosis and I must again pay a final tribute to its work and to the results achieved and express my gratitude to its officials for their courtesy and ready co-operation in all matters in which we were jointly interested.

Arrangements for the transfer of the functions delegated to the Committee under the new legislation were the subject of active discussion with the officials of the Northern Ireland Tuberculosis Authority and its successor in the Hospital and Specialist branches the Northern Ireland Hospitals Authority.

Close liaison has been established and maintained to co-ordinate the treatment services transferred to the Northern Ireland Hospitals Authority and the preventive services now operated by the Committee.

The encouraging situation which had become apparent in recent years with regard to Tuberculosis and culminating in the dissolution of the Northern Ireland Tuberculosis Authority should not be regarded as an excuse for any relaxation of effort in rigorously applying all measures at our disposal for combating the disease. While one is justified in saying that Tuberculosis is coming well under control, there is an absolute necessity for the various bodies administering the different services to ensure that there is no diminution in the ceaseless activity towards its prevention and the care and after care of those who suffer from it.

Notifications of Tuberculosis :

Up to the 31st March 1959 notifications of Tuberculosis required under statute to be submitted to the Northern Ireland Tuberculosis Authority and following that date, under the new legislation referred to above, to the Northern Ireland Hospitals Authority. Table 67 includes the notifications of Tuberculosis in the County for the whole of the year according to local areas.

Under existing arrangements all cases of Tuberculosis notified are advised to the Health Department by the Northern Ireland Hospitals Authority to enable the necessary measures to be taken in fulfilment of the Committee's statutory obligations.

Tuberculous Patients—Hospital Admissions and Discharges :

As in the case of notifications of the disease, the admission of a tuberculous patient to hospital is advised by the Northern Ireland Hospitals Authority and likewise discharges.

Tuberculosis Register :

A central register of Tuberculosis Cases in the County is maintained in the Health Department, additions to this register being in accordance with notifications and general transfers of cases as advised by the Northern Ireland Hospitals Authority, and removals from the register in accordance with information received from Health Visitors in the course of their routine duties and agreed upon with the Authority.

Statistical details of the cases on the central register at the end of the year and other transactions affecting it since the 1st April 1959 are shown in Table 68.

Health Visiting to Tuberculous Patients :

When a case of Tuberculosis is notified the Health Visitor concerned is informed and she arranges to visit the home to ascertain :

- (i) the names of contacts of the patient and to encourage these to attend the chest clinic for examination.
- (ii) the general environmental conditions of the patient
- (iii) the patient's family history with regard to tuberculosis.

She then submits a consolidated report on her findings to enable Chest Physicians to make arrangements for the examination of contacts and any other supplementary action considered necessary. Every effort is made to persuade unwilling contacts to agree to examination and the Health Visitor is required to submit further reports at regular intervals on the condition of the examination of contacts of each case and in particular the vaccination state of child contacts.

The Health Visitor maintains a record card in respect of each tuberculous patient in her area and continues her home visiting to each at such intervals as may be necessary, hospitalisation of any of her patients being advised to her and likewise discharges from hospital for the proper co-ordination of her duties in this respect.

Under the existing arrangements the Tuberculosis Health Visitors continue to attend at the local Chest Clinics and they therefore provide a direct liaison between the hospital and domiciliary services.

Concurrent with the dissolution of the Northern Ireland Tuberculosis Authority six Tuberculosis Health Visitors were transferred to the employment of the Committee and details of their work from the date of transfer up to the end of the year are contained in Table 25.

Home Nursing of Tuberculous Patients :

Statistical details of the number of new cases referred to the Home Nursing Service and the number of visits to all tuberculous patients are contained in Table 54.

Domiciliary Welfare Services and Care and After-care for Tuberculous Patients :

In continuity of schemes provided by the Northern Ireland Tuberculosis Authority under its statutory obligations responsibility passed at the 1st April, 1959, to the Committee for :

- (a) the supply of one pint of milk daily free of charge to patients regarded, medically, as in need of extra nourishment. At the end of the year 137 patients were in receipt of free milk.
- (b) the issue of beds, bedding and chalets on a free loan basis to provide adequate segregation of infectious patients while undergoing treatment at home. At the end of the year 6 tuberculous patients were in possession of chalets. Following the transfer of functions arrangements were made for the supply of beds and bedding through a voluntary association.

The loan of sick-room requisites continued to be made through the Divisional Care and After-care Committees some of which, as will be noted from Table 70, also provided Convalescence Holidays.

Vaccination against Tuberculosis :

Statistics and general comments on the scheme providing vaccination against the disease are contained in the Section commencing on Page 61 of this report.

Tuberculosis—Incidence and Mortality :

Table 69 contains comparative figures of the number of cases of Tuberculosis notified together with the number of deaths registered from the disease in each year since 1948.

The total number of notifications for the year under review, 145, is the lowest recorded in the County and is 32.8 per cent. of the total reported in 1948. Cases of Pulmonary Tuberculosis are lower by 8 than the total for 1958, the figure of 117 cases being the lowest recorded during the past twelve years in which the incidence of the disease has shown an almost continuous decline. Cases of Non-Pulmonary Tuberculosis are lower by 5 than the total for 1958, the incidence in this category remaining consistently low in comparison with the returns for 1948 and 1949.

It is gratifying to report a further reduction in the death rate from Tuberculosis, the rate of 0.09 per 1,000 being the lowest ever recorded in the County. Only 22 deaths were registered as attributable to Tuberculosis representing a decrease of 136, or 86.1 per cent. on the total of 158 deaths recorded in 1948.

The comparative figures in Table 69 illustrate the dramatic reduction in the death rate from Tuberculosis during the past decade but spotlight the absence of a correlated decline in incidence as measured by new notifications of cases suffering from the disease. Prompt modern methods of treatment have proved very successful in the curative fields and it would seem that the main emphasis in the future will be on prevention and on finding and dealing with positive cases who are a reservoir of infection.

PUBLIC HEALTH NURSING SERVICES

During the year the home nursing, midwifery and health visiting services continued to operate with a high standard of efficiency.

HEALTH VISITING AND SCHOOL NURSING SERVICE.

Staff :

At 1/1/59	40
Additional to above (taken over from N.I.T.A. at 1/4/59)	6
	—
Total	46

Analysis of qualification :

Total number of Health Visitors on the Staff at 31/12/59

Qualified	41
Unqualified (3 in training)	5
	—
Total	46

(Approved establishment : 45)

Mental Health Follow-up Service :

Up to the beginning of September, six Health Visitors were engaged in this work, and at that time six additional Health Visitors, who had also taken the appropriate course of training, were introduced into the Service, each group of six attending case conferences with the Psychiatrists and Psychiatric Social Worker at the Downshire Hospital on alternate Thursdays. Cases for follow-up are referred to them at the hospital and also at out-patient clinics in other parts of the County. In addition, urgent cases are passed on to them direct in writing or by telephone from the hospital to the appropriate Health Visitor.

At the case conferences during the year 46 in-patients were introduced by the Psychiatrists at the hospital when a full discussion took place including—

1. Personal history, family history, vocational history and physical and mental records.
2. Treatment, including that given to the patient and any changes in treatment proposed. The Health Visitors are now conversant with a wide range of mental illnesses and disturbances, and also with a variety of circumstances which may cause or contribute to mental break-down.
3. Rehabilitation, both for long and short-stay patients. It is probably in these cases that the Health Visitors' follow-up home visits are most valuable, their work consisting mainly of finding suitable accommodation, either in the patient's own home community or, in the case of long-stay patients who have been boarded out, forming a link with the hospital so that the patient will not feel so " detached " on first re-entering the community. The Health Visitors have also been successful in finding suitable employment for a number of discharged patients.

Mental Health Out-patient Clinics :

The Health Visitors doing this work attend at two of the four out-patient clinics in the County, but at all the clinics patients requiring follow-up are referred to the area Health Visitor. During the year 318 home visits on mental health follow-up work were carried out by these Health Visitors.

Training of Health Visitors :

In my Report for 1958 I gave an outline of the future training plans for Health Visitors in Northern Ireland, and in September two appropriately qualified nurses were seconded by the Committee and commenced training at the Royal College of Nursing, Belfast. The Course will finish in June 1960.

Special Diets :

The supervision of patients discharged from hospitals on special diets continues to be carried out in Division 3 and 5 by a Specialist Health Visitor. In Divisions 1 and 2 follow-up visits are paid by the Divisional Nursing Officers to patients from Ards and Bangor Hospitals requiring assistance and the necessary services are carried out as recorded in my Report for 1958.

Refresher Courses for Health Visitors :

Six Health Visitors attended a refresher course organised by the Royal College of Nursing in Belfast from 31st August, 1959 until 11th September, 1959.

Miniature Mass Radiography Service :

As in previous years, arrangements were made with the Northern Ireland Hospitals Authority for all nursing staff to attend the Mass Radiography Centre in Belfast or one of the Mobile Mass Radiography Units.

Child Health and Welfare Clinics :

At the end of the year there were 66 clinics in operation in the County.

<i>Division I</i>	<i>Division II</i>	<i>Division III</i>
Ballyholme	Ballydrain	Ballycairn
Bangor	Ballygowan	Boardmills
Crawsfordsburn	Ballyhalbert	Carryduff
Donaghadee	Ballywalter	Castlereagh
Groomsport	Carrowdore	Cregagh
Helen's Bay	Cloughey	Dromara
Millisle	Comber	Drumbo
	Greyabbey	Dundonald
	Kircubbin	Gilnahirk
	Lisbarnett	Hillsborough
	Moneyrea	Holywood
	Newtownards	Holywood (Palace Barracks)
	Portaferry	Legacurry
	Portavogie	Maze
		Newtownbreda
		Saintfield
<i>Division IV</i>	<i>Division V</i>	<i>Division VI</i>
Banbridge	Ardglass	Annalong
Donacloney	Ballyhornan	Ballyveamore
Dromore	Ballykinlar	Hilltown
Gilford	Ballynahinch	Kilkeel
Laurencetown	Crossgar	Newcastle
Maralin	Darragh Cross	Newry
Moirá	Downpatrick	Rathfriland
	Drumaness	Rostrevor
	Dundrum	Warrenpoint
	Killinchy	
	Killough	
	Killyleagh	
	Strangford	

During the year a new clinic was opened at Ballycairn. Formerly this centre was used as a food distribution centre only on one to two afternoons each month, but, owing to an increasing child population in the area, it was found necessary to hold a child health clinic on one afternoon each month. The first of these sessions was held on 27th May, 1959.

The centre at Ballyhornan, which was closed in 1956 owing to the Royal Air Force Service Families moving elsewhere, and which since 1958 had been served by the Mobile Child Welfare Unit, was again opened as a static clinic, the first session being held on 14th October, 1959.

Holywood (Redburn) Clinic :

A new clinic building is being erected on the Redburn Estate near the Palace Barracks, Holywood. It is expected to be completed early in 1960, and it will serve both the Redburn Estate and the Palace Barracks, making it unnecessary to continue using the military premises in the Camp as at present.

With the amalgamation of the Northern Ireland Tuberculosis Authority with the Northern Ireland Hospitals Authority, which took place on 1st April, 1959, the Domiciliary Tuberculosis Health Visiting Service became the responsibility of the Health Committee. Six Health Visitors who were previously employed by the Tuberculosis Authority were transferred to the Health Committee, and since that date have been employed exclusively on Tuberculosis Health Visiting. These six Health Visitors also attend seven Chest Clinics where County Down patients attend, and so maintain contact with the Chest Physicians. During the period from 1st April until 31st December, various adjustments in the administration of the Service have had to be made, and, although the Committee's ultimate intention is to integrate the Tuberculosis Health Visiting Service with the General Health Visiting Service, it is considered inappropriate at this time to make any major change.

Another new aspect of the Health Visiting Service which the Committee have introduced concerns the early detection of hearing loss in children. To this end, arrangements were made for Professor Sir Alexander Ewing to conduct in-service training courses for a number of Health Visitors in this work. During the year the first of these courses was held, and twelve Health Visitors were trained. All necessary simple equipment was supplied to them, and towards the end of the year they were able to commence the testing of children under one year. Of necessity this service has been commenced only in a small way, but as more staff are trained and more elaborate equipment provided, it is hoped to develop a comprehensive audiology service for all children.

DOMICILIARY MIDWIFERY SERVICE.

Number of Midwives in practice under the Scheme at the end of 1959 :

Midwives employed by Committee as whole-time Midwives	24
District Nurse/Midwives	33
	—
	57

In addition, eleven District Nurses carry out relief midwifery duties.

Analgesia :

At the end of 1959 there were fifty-six members of the Nursing and Midwifery Staff qualified to administer gas/air analgesia, and all of these were in actual practice in one or other of the above-mentioned categories.

The number of gas/air machines in use in the County was forty-five at the end of 1959.

Refresher Courses :

During the year six District Nurse/Midwives attended a residential refresher course in Midwifery held in Belfast under the auspices of the Royal College of Midwives. This was a full week's course, and was approved by the Ministry of Health and Local Government, the Joint Nursing and Midwives Council and the Central Midwives Boards for England and Scotland.

Taking of Blood Samples by Midwives :

This service continues to be given throughout the County, and has proved of considerable benefit to the mothers and of assistance to the General Practitioners and hospitals. Owing to additions to the Midwifery Staff, it is proposed to send a further group of Midwives for instruction in this technique early in 1960.

Ante-natal Clinics :

At the beginning of the year four clinics functioning solely for ante-natal purposes were held in the Committee's premises at Bangor, Portaferry, Cregagh and Banbridge. These are all attended by General Practitioners who see their own patients. During the year an additional ante-natal clinic on these lines was opened at the Downpatrick Divisional Clinic, where two local General Practitioners attend. In addition, expectant mothers are seen by their own General Practitioners at four other Child Health and Welfare Clinics during the ordinary clinic sessions.

Relaxation Classes for Expectant Mothers :

These classes continue to be held, and the numbers are much the same as in previous years. The teaching of relaxation and breathing exercises continues to be carried out by Mrs. P. Ferguson, M.C.S.P. at the Clinic, Central Avenue, Bangor, and the Labour Ward Sister from Bangor Hospital gives each group of mothers instruction in the use of trilene.

INVESTIGATION INTO CAUSES OF PERI-NATAL MORTALITY.

As recorded in my previous Annual Reports, all cases of still births and neo-natal deaths are investigated and all available information obtained. The system of informing the Divisional Medical Officer of Health, and, through him, the Midwife booked for the confinement, of previous still births and neo-natal deaths continues to operate. In many of these cases where the confinement has taken place in hospital, the Divisional Medical Officer of Health, due to good personal relationship with the local Consultant Obstetricians and close liaison with other hospital staff, is able to obtain detailed information for the purpose of this type of investigation.

INVESTIGATIONS INTO MATERNAL MORTALITY.

The arrangements made during previous years for investigation into cases of maternal mortality at consultant level continue to operate, and all possible assistance is given to the Consultant carrying out the investigation. It is anticipated that a full report on this work will be published in due course.

Transport :

At the end of the year all members of the Nursing Staff carrying out midwifery duties, either full-time or in conjunction with general nursing duties, were using cars, and were designated either “ full essential ” or “ modified essential ” users and paid the appropriate annual allowances.

HOME NURSING SERVICE.

Staff at the end of 1958 :

District Nurses	.....	.....	.....	.....	.....	.....	19
District Nurse/Midwives	.....	.....	.....	.....	.....	.....	33
							—
							52

Staff at the end of 1959 :

District Nurses	.....	.....	.....	.....	.....	.....	19
District Nurse/Midwives	.....	.....	.....	.....	.....	.....	33
							—
							52

Hospital Discharges :

The number of cases referred from the various hospitals for follow-up domiciliary treatment during the year was :

Medical	.....	.....	.....	.....	.....	.....	403
Surgical	.....	.....	.....	.....	.....	.....	445
Tuberculosis	.....	.....	.....	.....	.....	.....	24
Puerperium nursings	.....	.....	.....	.....	.....	.....	232
						Total	1,104

District Training :

The number of District Nurses and District Nurse/Midwives holding the District Training Certificate of the Queen’s Institute was thirty-nine.

Refresher Courses :

A combined refresher course in Home Nursing and Midwifery, especially designed for District Nurse/Midwives, was arranged jointly by the Royal College of Nursing and the Royal College of Midwives from 13th until 25th March, and was held in Belfast. The Committee approved the full-time attendance of six District Nurse/Midwives at this course which, I understand, was the first one to be held in the United Kingdom combining in one course both aspects of a District Nurse/Midwife's work. It proved to be a very successful venture and of great value to those attending it.

It is becoming more evident each year that the nature of the District Nurse's work shows a changing pattern, and one of the recent trends has been towards the increasing care of the aged and elderly which now shows a proportion of over 25% of all cases. The nurses made good use of the appliances supplied by the Voluntary Care and After-care Committees, such as walking aids of various patterns, wheel chairs and lifting apparatus, which assist considerably in the rehabilitation of the aged and infirm.

Prevention of Accidents in the Home :

During the latter part of the year the Ministry of Health and Local Government requested the Health Committee to assist them in a campaign to emphasise to the public the increasing number of fatal and other accidents occurring in the homes of the people. For this purpose the Ministry prepared a travelling exhibition which was open to the public for four weeks in six different localities throughout the County. The exhibition was manned by the Health Committee's Staff, in particular the health visitors, a number of whom had attended special instruction sessions at the Royal College of Nursing in preparation for the Campaign.

All the preliminary propaganda in the towns where the exhibition was shown, was organised by the Divisional Medical Officers, who also were responsible for selecting the buildings used. The Committee purchased a Slide Projector for showing film strips and transparencies and also supplied the necessary posters and literature.

In order to stimulate public interest competitions were held relating to the subject of the Exhibition and the Committee presented prizes in the form of Savings Certificates to the successful competitors. The participation of various voluntary organisations was of great assistance throughout the county and the co-operation of head teachers who organised parties of older children to visit the exhibition was much appreciated. Since the campaign, requests have been received from various bodies, i.e., Women's Institutes and Mothers' Unions for speakers on the same subjects and members of the nursing and health visiting staff have willingly complied. At the same time I should point out that the entire nursing staff at all times give advice in the clinics and in the homes on the prevention of home accidents and the Ministry's campaign served as a spotlight on a subject which is always before us.

The Campaign, which subsequently travelled throughout the Province, was formally opened by the Minister of Health and Local Government the Right Hon. J. L. O. Andrews at Cregagh Clinic on Monday, 12th October, 1959.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

This year has been one of considerable expansion in existing care and after-care services and in introducing new services. A total of 2,176 people were assisted in some way by the six Divisional Voluntary Care and After-care Committees (Table 70). Three hundred and seventy-seven more items of equipment were loaned than in 1958 (total 1,487 items loaned); 83 more people were assisted with special diets or extra nourishment (total 242); and 45 more people were given convalescent holidays (total 54).

Chiropody Service :

Mention of this service appeared for the first time in my Report for 1958. During 1959 four of the six Divisional Voluntary Care and After-care Committees applied for permission to introduce a Chiropody Service in their areas. Both the Institute and the Society of Chiropodists have been most helpful in assisting to get this service established.

Co-operation with the National Assistance Board in the matter of special diets is now well established. The transition from supplement in kind by the Voluntary Care and After-care Committee to cash supplement on the same scale by the Assistance Board at the end of six weeks takes place without any time lag. The Voluntary Committees from purely voluntary funds continue to help those not eligible for National Assistance.

The question of supply of medical foods seemed to have been settled by a circular letter on this subject from the Ministry of Health and Local Government in November (P.H.14/59) which stated that general practitioners might regard as drugs and prescribe preparations such as Prosol and Casydrol. Subsequently, however, as a result of further enquiry, it was ruled by the Ministry in conjunction with the General Health Services Board (N.I.) that gluten free flour, used specifically in the treatment of coeliac disease, had to continue to be defined as a food, and therefore could not be prescribed (P.H.1/60). This has meant that help with the supply of gluten free flour can only be undertaken by voluntary bodies unless Health Committees further develop permissive powers under prevention of illness, care and after-care so as to allow this food to children and adults who require it for treatment of a particular disease.

One other service—provision of suitable shoes allowing adaptation for children with minor orthopaedic defects (see table 70)—gave rise to some discussion. If the defect is so severe that the child requires an orthopaedic shoe or boot, this is usually provided free by the Hospitals Authority. If the child only requires the built-up shoe during school hours, it can be provided by the Education Authority, but, because the provision of ordinary shoes for wedging is not accepted by either the Hospitals Authority or the Education Authority outside school hours, the parents are faced with this expense unless some voluntary help is available. Parents who find this a hardship would, if the child had no defect, have bought cheap shoes, perhaps with rubber soles. Such shoes as these are quite unsuitable for even the simplest wedging which requires that the shoes are of good quality and leather soled. Even these do not last long owing to normal growth and abnormal wear. It seemed to members of one Voluntary Care and after-care Committee that all shoes requiring alteration recommended by an orthopaedic surgeon should be regarded as surgical shoes, and be made available by the Hospitals Authority.

New Services :

On looking at Table 70, it will be seen that three services not shown last year have appeared this year, namely, physiotherapy, laundry and assisted payments for domestic help.

Laundry Service :

The Division 1 (Bangor) Voluntary Care and After-care Committee at first had difficulty in obtaining Ministry approval for this service, and therefore supplied it for a time from their own voluntary funds. Eventually it was recognised, however, that this was a useful care and after care service to the home in which the district nurse and relatives were looking after an incontinent patient, and Ministry approval to introduce it into the general scheme of Prevention of Illness, Care and After-care was given.

Physiotherapy :

The Division 2 Voluntary Care and After-care Committee is fortunate in having available services given voluntarily by a qualified physiotherapist. The Division 1 Committee has also been able to obtain physiotherapy for a patient. Domiciliary physiotherapy is likely to develop, as the after-care patient requires follow-up teaching at home if the exercises given him by the hospital physiotherapist are to be continued during convalescence. The family has to be taught in home surroundings how to encourage the patient to persevere with exercises. Active therapy can be a strong force in the rehabilitation of the patient who is recovering slowly from an illness, the after-effects of which may continue for a considerable time. Miss Stronge in her voluntary work in the Portaferry-Cloughey part of Division 2 is doing all this for a few patients. She had on her register in December 1959 a total of thirteen patients. Some of these she sees at the bi-weekly clinic in Portaferry, but the majority are attended by her in their own homes.

Domestic Help :

Supplementation of the domestic help service is not likely to be required in future now that the Welfare Service allows a night-sitter, and since rates of contribution towards the service have been modified.

Finances :

The six Divisional Voluntary Care and After-care Committees which co-operate with the Health Committee in providing a progressive scheme of care and after-care over the whole County have spent the sum of £1,353 15s. 6d. this year. The sources from which this money was derived are set out in Table 71.

Seven of the original thirty-four District Nursing Societies which provided a Home Nursing Service prior to the Health Services Act (N.I.) 1948 still are in existence. Six continue actively to be interested in giving help to those who require it. They are Comber, Banbridge, Dromore, Killinchy, Warrenpoint and Newry. Five others—Donaghadee, Holywood, Ballynahinch, Newcastle and Rostrevor—no longer call themselves District Nursing Societies, but Sub-committees of their Divisional Voluntary Care and After-care Committee.

One other District Nursing Society, that of Bangor, finally disposed of the nurses' home in November 1959. Its affairs are at present in the hands of a solicitor who is preparing a statement for the Court. It is anticipated that money from this source will shortly be made available to the Division 1 (Bangor) Voluntary Care and After-care Committee. Fifteen of the District Nursing Societies gave all their money to the Divisional Voluntary Care and After-care Committees and have ceased to exist. In giving the money, some of the Societies asked that it be used only for the people residing within the original District Nursing Society boundary ; others attached no condition to their donation.

Last year in this Report it was said that the six Divisional Voluntary Care and After-care Committees had developed in the course of years a pattern of service. This year's work clearly emphasises the success of the pattern and its elasticity. Within a framework laid down in 1949 two new services at least have been introduced this year, and considerable expansion of existing services is reported. This natural enlargement of Care and After-care services according to the different needs of each of the six Divisions in the County is a tribute to the work of the Voluntary Care and After-care Committees, and in the long run they probably provide a much more personal and immediate means of meeting individual need than would be available in a more clearly defined scheme of care and after-care administered directly by a statutory authority.

TABLE 70—SERVICES PROVIDED BY THE SIX VOLUNTARY CARE AND AFTER CARE COMMITTEES

Division	Loan of Home Nursing Equipment		Home Visiting by Members of Voluntary Committees	Assistance with Diets			Transport		Convalescence				Coal	Shoes for Children with Orthopaedic Defects	Clothing	Laundry	Bedding	Chiroprody	Physiotherapy	Assisted Payments—Domestic Help	Re-Housing	Re-Employment	Referred to other Organisations				Special Grants		
	No. of Items Loaned	Loan Charges		Ex. Hospital	Other	Medical Foods	Special Clinics	Visiting in Hospital	Polo Swimming	Adult	Child	Diabetic Holiday Camp											T.B. Contact Holiday Home	National Assistance Board	Welfare	Hospital	Other	N.S.C.R.	Marie Curie
1	83	£3 0 0	6	10	—	5	—	—	1	1	—	—	4	—	—	2	—	1	—	—	—	—	20	—	4	6	10	2	
2	431	£15 0 0	2	9	5	2	—	1	—	—	—	4	—	—	3	—	6	—	13	1	1	1	15	3	1	—	5	3	
3	357	£4 17 0	—	18	13	4	—	1	—	1	—	4	5	—	3	2	1	—	—	1	—	—	12	1	—	—	2	1	
4	157	£1 13 0	—	14	8	—	2	1	—	10	4	4	—	2	2	1	5	2	—	—	—	—	12	—	—	—	6	1	
5	175	£1 15 3	5	20	7	4	—	8	—	1	7	3	3	—	—	3	7	—	—	—	2	1	30	6	—	—	5	2	
6	284	£9 15 3	2	30	9	3 ⁸¹ O.A.P. Xmas Parcels	2	1	—	2	—	—	5	—	—	11	—	9	—	—	—	—	—	105	10	1	—	12	2
Totals	1,487	£36 0 6	15	101	42	99	4	12	1	15	11	11	17	6	5	20	2	28	3	13	2	3	2	194	20	6	6	40	11

TABLE 71—DIVISIONAL VOLUNTARY CARE AND AFTER-CARE COMMITTEES
Combined Receipts and Payments Account 1959-60

DR.		CR.	
To Balance — Division 1	£143 0 10	By Purchase of Equipment	£559 15 0
" 2	218 13 10	" Special Diets	295 12 7
" 3	328 11 10	" Convalescence	74 10 0
" 4	118 1 6	" Payments from Marie Curie Memorial Fund	15 3 9
" 5	139 15 3	" Payments from National Society for Cancer Relief	221 10 6
" 6	157 1 8	" Refund of Grant from National Society for Cancer Relief	24 6 0
		" Northern Ireland Diabetic Association (Div. 4) for Children's Holiday Camp	20 6 6
Grants and Donations :		" Purchase of Coal (Divs. 1 and 4)	25 8 3
Down County Health Committee	£350 0 0	" Laundry (Div. 1)	12 16 7
District Nursing Associations :		" Chiropody Service (Divs. 2, 3 and 4)	2 14 0
Bangor	67 0 0	" Travelling Expenses (Div. 2) to visit relative	5 15 0
Comber	17 0 0	" Bus Fares (Div. 3)	0 4 1
Holywood	10 0 0	" Taxi Fare (Div. 5) for transport of family for convalescence	5 10 0
Banbridge	58 0 0	" Red Cross Car Service (Divs. 4 and 6)	8 2 6
Dromore	25 0 0	" Rent of Store for 3 years (Div. 5)	19 10 0
Killinchy	100 0 0	" Domestic Help Service (Div. 3)	2 11 0
Newry	25 0 0	" Glasses (Div. 4) replacement for O.A.P.	1 8 7
Warrenpoint	10 0 0	" Cutlery (Div. 5) for problem family in re-housing	2 6 6
	312 0 0	" Carriage	0 15 4
Newtownbreda Women's Institute	3 0 0	" Caretaker's Services (Div. 4)	1 10 0
Bangor Soro-optunist Club	1 6 10	" Printing and Advertising	10 19 10
Miss Chittick	5 0 0	" Postages	26 0 0
National Society for Cancer Relief	283 17 6	" Stationery (Div. 6)	9 3 7
Marie Curie Memorial Fund	20 0 0	" Miscellaneous	0 9 5
Lord Deramore	2 0 0	" Bank Charges	7 13 0
Mrs. M. Robinson	1 0 0		£1,353 15 6
Mrs. Woods (Repayment on Holiday)	0 6 0		
Proceeds of Whist Drive (Div. 4)	21 5 9	" Balances — Division 1	119 4 11
Proceeds of Ballot (Div. 5)	0 14 3	" 2	258 18 7
Balance from Cake Sale (Div. 5)	2 3 6	" 3	269 18 11
Proceeds of Killyleagh Sale	17 0 0	" 4	113 14 0
Proceeds of Cake Stall (Div. 6)	29 5 7	" 5	235 14 1
Refund of Overpaid Account	5 2 6	" 6	73 1 3
Miscellaneous	17 0 6		£1,070 11 9
	409 2 5		
Interest on War Stock Investments	1,071 2 5		
Loan Charges on Equipment	205 3 11		
Bank Interest	36 0 6		
	6 15 6		
	£2,424 7 3		£2,424 7 3

TABLE 72—DIVISIONAL VOLUNTARY CARE AND AFTER-CARE COMMITTEES
Investment Accounts —From District Nursing Association Funds

[illegible]

TABLE 72—DIVISIONAL VOLUNTARY CARE AND AFTER-CARE COMMITTEES (Continued)

Investment Accounts—From District Nursing Association Funds

DR.	DIVISION 4.			(BANBRIDGE)	CR.
To Balance at 1st Feb., 1959 (Gilford Account) Ulster Bank Ltd.	£136	19	7		
„ Interest	1	16	6		
				By Purchase of Equipment, Etc.	£6 12 0
				„ Special Diets	2 10 8
				„ Cost of Holidays	35 17 0
				„ Cheque Book	0 4 2
				„ Balance at 31st Dec., 1959 :—	£45 3 10
				Ulster Bank Ltd.	93 12 3
					£138 16 1
To Balance at 1st Feb., 1959 (Moir and Maralin Account)	£207	5	9		
„ Interest	10	10	0		
				By General Account	£10 10 0
				„ Balance at 31st Dec., 1959—£300 3½% War Stock	207 5 9
					£217 15 9
DIVISION 5.					
	DIVISION 5.			(DOWNPATRICK)	
To Balance at 1st April, 1959 (Downpatrick Account)	£430	0	0		
4½% Defence Bonds	31	7	6		
Northern Bank Ltd.				By Special Diets	£32 6 8
„ Proceeds of Ballots		1 16 9		„ Postage	1 1 5
„ Proceeds of Cake Sale		14 5 0		„ Advertising	1 7 0
„ Subscriptions		1 10 0		„ Flour Bags	1 16 0
„ Interest				„ Balance at 31st Dec., 1959 :—	£36 11 1
				4½% Defence Bonds	430 0 0
				Northern Bank Ltd.	12 12 8
					442 12 8
					£479 3 9
DIVISION 6.					
	DIVISION 6.			(NEWRY)	
To Balance at 1st April, 1959 (Rathfriland Account) £191 1s. 0d.	£135	0	0		
3½% War Stock	6	13	8		
„ Interest				By Transfer to General Account	£6 13 8
				„ Balance at 31st Dec., 1959—£191 1s. 0d. 3½% War Stock	135 0 0
					£141 13 8

DENTAL SERVICES

(The following report on the Committee's Dental Services has been submitted to me by the County Dental Officer—Mr. W. McCarthy, L.D.S.).

I present my Annual Report on the Dental Services of the County for the year 1959.

I would say without trepidation that the "epidemic" of dental caries is still rampant and is likely to remain so for some years. I regret to say that the ones who suffer most are those least able to bear the pain—the toddlers and school children.

I am of the opinion, however, that as a partial answer to the ever increasing ravages of the disease, ways and means should be taken to step up Dental Health Education amongst school children. This could best be done by talks, illustrated with proper films. By propaganda of this type, the children would be taught the correct methods of tooth brushing, the danger of having snacks between meals, the avoidance of excess sweet consumption and the benefits of eating raw fruit and vegetables which are in themselves adjuncts to oral hygiene, etc.

I am fully aware that the Health Committee would like to see available a complete dental service for all children in the County. However with the dental man power position as at present this is impossible. Indeed with the changes and shortages of staff, one can scarcely visualise any scheme, however well devised, coming to fruition.

No doubt one may well ask the question why the hesitancy on the part of dental surgeons to join the Local Authority Service and the answer is at hand. Until such times as it is realised that the earnings of the Local Authority Dental Surgeon must bear some semblance of parity with those of his colleague in private practice, the School Dental Service will remain understaffed.

Due to the shortage of dental man power, a new scheme of operating the Committee's Dental Services was commenced in the early part of the year. Briefly the scheme operates as follows :—

in urban areas the emphasis is placed on affording treatment to—

- (a) all emergency cases, e.g. those suffering from toothache, etc.
- (b) those who attend regularly for treatment and
- (c) those who have come to school for the first time, e.g. the school entrants.

By giving priority to children in these categories, the dental officer may be able to speed up his visits to children attending schools in rural areas, where there is already considerable leeway to be made up.

As the scheme is only in operation for some months, it would be too early yet to arrive at any definite conclusion as to its ultimate success. As I see it, however, this success largely depends on two main factors, e.g. that no further depletion takes place in the man power position and also that the number of children who attend regularly for treatment in the urban areas does not rise to undue proportions.

Staff :

At the end of the year 1959 there were 9 full-time Dental Officers, 1 part-time Dental Officer and 9 full-time Dental Attendants on the staff.

The following appointments were made during the year :—

Mr. J. B. Anderson—Full-time Assistant Dental Officer to Division 3.

Mrs. W. S. Vaughan—Full-time Assistant Dental Officer to Division 4.

Miss J. A. Park—Full-time Dental Attendant to Division 2.

Miss J. A. Watt—Full-time Dental Attendant to Division 4.

Clinics :

As in previous years treatment was carried out in two types of clinic :— (a) static ; (b) temporary and the following were operated as such during 1959 :—

(a) Static Clinics :

- Division 1—Bangor, Donaghadee
- „ 2—Newtownards
- „ 3—Cregagh, Holywood, 414 Ormeau Road, Belfast
- „ 4—Banbridge, Dromore
- „ 5—Downpatrick
- „ 6—Newry, Newcastle

(b) Temporary Clinics :

(i) In Child Health and Welfare Clinics and other premises :

- Division 1—Nil
- „ 2—Killyleagh, Portaferry
- „ 3—Nil
- „ 4—Nil
- „ 5—Annsborough Canteen, St. Joseph's Hall, Crossgar, Parochial Hall, Killough.
- „ 6—Nil

(ii) School Premises :

- Division 1—Ballyholme Primary
- „ 2—Glastry, Loughries, Comber P.
- „ 3—Saintfield Intermediate
- „ 4—Nil
- „ 5—Ardglass P.II, Aughlisnafin, Ballycruttle P.S., Clara P.S., Dundrum P.S., Guinness P.S., St. Joseph's, Ardglass, Stella Maris P.S., Strangford, Tyrella P.S.
- „ 6—Nil

(iii) Mobile Dental Clinics :

- Division 1—Nil
- „ 2—Ballyoley, Ballyeasboro', Ballycloughan, Ballydrain, Ballyhalbert, Ballykeigle, Ballywalter, Carrickmannon, Carrowdore, Dunover, Grangee, Moneyrea, Portavogie, Rubane.
- „ 3—Annahilt, Beechlawn Residential School, Ballykeel-Ednagonnell, Clintagh, Dromara P., Reilly's Trench, St. John's.
- „ 4—Gransha P.
- „ 5—Derryboye, Lisowen.
- „ 6—Ballyholland, Burrenreagh, Carrick, Carnacaville, Derrycra, Iveagh.

General Anaesthetics :

These were administered in the following Static Clinics :

- Division 1—Bangor
- „ 3—Cregagh, Holywood
- „ 4—Banbridge
- „ 6—Newry

A total of 785 general anaesthetics were administered.

Statistical Summaries :

The following tables show the number of (a) mothers and pre-school children and (b) children of school age who were inspected and treated during the year, together with details of the total amount of work done.

(A) Dental Inspection and Treatment of Mothers and Young Children.

Number of clinic sessions for mothers and/or young children held during the year 9

Patients dealt with under Health Authority arrangements—

(i) Expectant and Nursing Mothers—

(a) Number dentally inspected	75
(b) Number found to require treatment	74
(c) Number of mothers actually treated under Health Authority Scheme	72
(d) Total number of attendances for treatment under Health Authority Scheme	253
(e) Number of general anaesthetics administered	8
(f) Number of mothers provided with dentures	22

(ii) Young (i.e. pre-school) Children :			
(a)	Number dentally inspected .....	.....	177
(b)	Number found to require treatment .....	.....	150
(c)	Number actually treated under Health Authority Scheme .....	.....	135
(d)	Total number of attendances for treatment under Health Authority Scheme.....	.....	260
(e)	Number of general anasethetics administered .....	.....	62
(B) Dental Inspection and Treatment of School Children :			
(a)	Number of children on school rolls in area—		
(i)	participating in Authority Scheme .....	.....	48,296
(ii)	not participating in Authority Scheme .....	.....	160
(b)	Number of Health Authority Dental Clinics in operation at 31st December :		
(i)	static .....	.....	10
(ii)	mobile .....	.....	3
(iii)	temporary (e.g. in school Medical Inspection Rooms, etc.) .....	.....	9
(c)	Number of clinic sessions devoted to—		
(i)	inspection .....	.....	119
(ii)	treatment .....	.....	3,426
(d)	Total number of children dentally inspected during year :		
(i)	Age Group 5-7 years	} In School	3,600
(ii)	Other age groups		5,335
(iii)	Children inspected as “Specials”		1,590
Total			10,525
(e)	Number of children found to require treatment .....	.....	8,750
(f)	Number actually treated under Health Authority Scheme .....	.....	6,617
(g)	Total number of attendances under Health Authority Scheme .....	.....	17,543
(h)	Number of general anaesthetics administered .....	.....	715
(i)	Number of children provided under Authority Scheme with—		
(i)	Dentures .....	.....	53
(ii)	Orthodontic Appliances .....	.....	98
Total attendances for Treatment and Amount of Work Done :			
(a)	Total attendances for treatment .....	.....	18,056
(b)	Total number of fillings in permanent teeth .....	.....	3,321
(c)	Total number of fillings in temporary teeth .....	.....	1,729
(d)	Total number of extractions—permanent teeth .....	.....	511
(e)	Total number of extractions—temporary teeth .....	.....	1,905
(f)	Total number of scalings and other operations .....	.....	5,168
(g)	Total number of attendances for X-Ray. ....	.....	9
(h)	Total number of patients provided with dentures .....	.....	75
(i)	Total number of orthodontic appliances provided .....	.....	98
(j)	Grand Total :		
(i)	Persons inspected .....	.....	10,777
(ii)	Persons treated .....	.....	6,824

GENERAL REMARKS

Staff :

At the end of the year there were 9 full-time Dental Officers and 1 part-time Dental Officer in the employment of the Committee. In the Banbridge area (Division 4) although vacancies existed for the employment of 2 full-time officers, there was no one in post from 30th September, 1958 until 19th October, 1959, when Mrs. W. Vaughan took up duty and, at the time of writing, a vacancy still exists in this area.

The Committee were unfortunate to lose the services of Mr. T. W. Unsworth as full-time officer in Division 5. This was partly compensated for, however, by his rejoining the services in a part-time capacity.

During the year the following staff changes took place :

Mr. J. B. Anderson, B.D.S., took up duty as Assistant Dental Officer in Division 3 on 7th September, 1959.

Mrs. W. S. Vaughan, B.D.S., took up duty as Assistant Dental Officer in Division 4 on 19th October, 1959.

Miss J. A. Park took up duty as full-time Dental Attendant in Division 2 on 19th October, 1959.

Miss J. A. Watt took up duty as full-time Dental Attendant in Division 4 on 19th October, 1959.

Mr. R. G. Weaver resigned his position as Assistant Dental Officer in Division 1 on 30th June, 1959, his place being filled by transferring Mr. S. H. Wilson from Division 3 on 7th September, 1959.

Mr. T. W. Unsworth took up duty as a part-time Dental Officer in Division 5 on 8th December, 1959.

Mrs. E. F. Dalzell resigned her position as Dental Attendant in Division 2 on 31st August, 1959.

Miss I. Bailie resigned her position as Dental Attendant in Division 4 on 21st March, 1959.

During the year the services of Miss A. McCullough, Dental Attendant, in Division 2, were transferred from Mr. W. Mahood to Mr. J. Harpur.

Clinics :

During the year the number of clinics in operation, both static and mobile was similar to that of 1958. I understand that the Committee have purchased ground for a new Child Health Centre at Newcastle. The present accommodation is certainly not all that one would desire but the dental wing of the new building should provide ample facilities for the treatment of all children attending schools in the area.

In the latter end of the year orders were placed for the purchase of two additional mobiles.

Orthodontics :

In 1959 two of the Dental Officers completed a course in orthodontics under the direction of Mr. H. T. McKeag. It will be noted that the amount of orthodontic treatment given was similar to that of the previous year. I have no reason to doubt, however, that the amount of this type of treatment could be stepped up considerably but, with the present staffing shortage, this would have to be at the expense of ordinary routine treatment, and would be inadvisable at present.

General Anaesthetics :

During the year a refresher course was held in General Anaesthetics at the Royal Belfast Hospital for Sick Children. This was attended by members of the medical staff. The course consisted of both lectures and demonstrations which were given by Dr. Love, Anaesthetist to the hospital.

Evening sessions were held at the following clinics during the year :

Bangor, Cregagh and Newry.

I regret to have to report that the incidence of dental defects amongst school children inspected shows an increase of 8.69% over that of the previous year and stands at the high level of 83.1% and of pre-school children inspected 84.7% were found to have dental caries, representing an increase of 2.5% over the previous year.

Co-operation :

In conclusion I would once again record my appreciation and thanks for the co-operation and help which I received from the members of the dental staff and also to express my thanks to the members of the teaching profession for their valuable co-operation.

SANITARY CIRCUMSTANCES

The Sanitary Services in the County may be divided into two main groups—(1) environmental services for which the nineteen Local Authorities in the County are responsible, and which include housing, water supplies, sewerage and sewage disposal ; (2) transferred functions which are the responsibility of the County Health Committee, and which include measures for the prevention of contamination of food, arrangements for meat and food inspection and rodent control.

I am indebted to Mr. A. Reynolds, County Sanitary Officer, for the detailed information in this section of the Report, and am also grateful to the Clerks of the various Authorities for their co-operation and help.

HOUSING

From a study of the figures it would seem that the downward trend in the building of new houses in the County, noted in the reports for 1957 and 1958, has been arrested, and that the pendulum has started to swing the other way. Although only 1,047 houses were completed during 1959, no less than 1,478 were under construction at the end of the year and plans had been approved for a further 1,087.

Local authorities have under active consideration plans to replace houses due to be demolished under slum clearance and re-development schemes, whilst the Northern Ireland Housing Trust is seeking to acquire additional extensive sites on the County Down side of Belfast.

The complex issues raised by the demand for an extension of the Belfast City boundary and proposals for the creation of satellite towns have prompted the Government to invite Professor Robert H. Matthew, C.B.E., F.R.I.B.A. to advise on the future planning of the area surrounding Belfast. His report will be awaited with interest.

Details of re-development schemes prepared by local authorities in the County are as follows :—

Local Authority	Area	No. of houses involved	Date of inquiry	Remarks
Bangor Borough	Castle Street/Castle Square	59	6/4/60	Approved with minor amendments.
	Wood Green	30	—	Inquiry not yet held.
Newtownards Borough	Mill Street	24	6/1/60	Approved with certain amendments.
North Down Rural	Ballywalter No. 1	12	27/10/58	Approved with certain amendments.
	Conlig	85	19/2/59	Approved with certain amendments.
	Groomsport	5	27/4/59	Approved with certain amendments.
	Carrowdore No. 1	6	—	Approved (no objections).
	Carrowdore No. 2	7	—	Approved.
	Crawfordsburn	6	—	Inquiry not yet held.
Hollywood Urban	Hill Street	153	23/6/59	Approved with certain amendments.
Downpatrick Urban	Fountain Street	127	4/3/59	Approved with certain amendments.
Downpatrick Rural	Windmill Street, Ballynahinch	70	—	Inquiry not yet held.
	Crossgar	10	—	Inquiry not yet held.
	Kilmore	22	—	Inquiry not yet held.
Hillsborough Rural	Downpatrick Street, Saintfield No. 1	43	—	Inquiry not yet held.
	Fairview Gardens, Carryduff No. 3	15	—	Inquiry not yet held.
	Milltown, Ballynavalley No. 4	77	—	Inquiry not yet held.
Castlereagh Rural	Ballyrobert	23	24/5/60	Approved.

In addition to the foregoing the Northern Ireland Housing Trust has commenced the erection of 28 houses in Moat Street, Donaghadee on a site formerly occupied by unfit houses, and in Portaferry the re-development of Ann Street was completed and tenants of the unfit houses on the site and in Steel Dickson Avenue were re-housed. It is proposed to build 20 houses on the ground cleared in Steel Dickson Avenue.

Comparatively few slum clearance schemes have been submitted to the Ministry, as is shown below :—

Local Authority	Area	No. of houses involved	Remarks
Banbridge Urban	Fort Street	5	Order confirmed.
Banbridge Rural	Seapatrik	41	Order confirmed.
North Down Rural	Moylehill/Main Street, Ballywalter	9	Not yet confirmed.

TABLE 73—HOUSING PROGRESS IN COUNTY DOWN

Local Authority District	Local Authorities			Northern Ireland Housing Trust			Private Enterprise				Totals	
	Completed between 1/6/1944 and 31/12/1959	Completed during 1959	Under construction at 31/12/1959	Completed between 1/6/1944 and 31/12/1959	Completed during 1959	Under construction at 31/12/1959	Completed between 1/6/1944 and 31/12/1959	Completed during 1959	Under construction at 31/12/1959	Completed between 1/6/1944 and 31/12/1959	Completed during 1959	Under construction at 31/12/1959
Bangor Borough	132	—	—	562	—	—	1,753	62	82	2,447	62	82
Donaghadee Urban	6	—	—	106	—	—	70	12	10	182	12	10
North Down Rural	921	101	34	457	—	—	826	82	74	2,204	183	108
Newtownards Boro'	252	—	84	658	—	—	114	20	12	1,024	20	96
Holywood Urban	50	—	—	649	—	—	198	4	13	897	4	12
Castlereagh Rural	477	—	—	2,416	241	181	3,725	130	138	6,618	371	319
Hillsborough Rural	500	12	—	57	—	145	1,436	219	130	1,993	231	275
Barborough Urban	244	—	—	162	—	—	26	1	10	432	1	10
Dromore Urban	32	—	—	46	—	—	20	—	—	98	—	—
Banbridge Rural	328	1	—	59	—	30	173	13	18	560	14	48
Moirs Rural	416	—	32	48	—	—	144	12	10	608	12	42
Downpatrick Urban	263	—	—	—	—	—	13	—	—	276	—	—
Downpatrick Rural	626	45	136	360	—	—	385	16	28	1,371	61	164
Newry Urban	442	—	80	337	—	—	34	2	—	813	2	80
Newry No. 1 Rural	374	10	55	30	—	—	166	18	20	570	28	75
Kilkeel Urban	32	—	—	84	—	—	74	2	—	190	2	—
Kilkeel Rural	360	—	53	32	—	—	195	16	5	587	16	58
Warrenpoint Urban	117	4	77	64	—	—	28	2	—	209	6	77
Newcastle Urban	—	—	—	159	—	—	254	22	21	413	22	21
Grand Totals	5,572	173	551	6,286	241	356	9,634	633	571	21,492	1,047	1,478

The figures in the above Table are extracted from the Housing Return for Northern Ireland published by the Ministry of Health and Local Government.

TABLE 74—COUNTY DOWN—1959—HOUSES APPROVED (not started)

	Local Authority	Northern Ireland Housing Trust	Housing Associations Govt Depts. etc.	Private Persons with Subsidy			Private Persons without Subsidy	Total
				For Letting	For Owner Occupation	For Farmers and Farm Workers		
Bangor Borough	—	—	2	4	82	—	5	93
Donaghadee Urban	—	—	—	—	3	—	—	3
North Down Rural	18	—	—	—	39	14	12	83
Newtownards Borough	2	—	—	—	17	—	—	19
Holywood Urban	—	—	—	—	—	—	5	5
Castlereagh Rural	50	152	2	47	113	1	39	404
Hillsborough Rural	1	36	—	2	105	11	10	165
Banbridge Urban	52	—	—	—	—	—	—	52
Dromore Urban	—	—	—	—	—	—	2	2
Banbridge Rural	—	—	—	—	6	12	—	18
Moirá Rural	—	—	—	—	2	3	2	7
Downpatrick Urban	—	—	—	—	—	—	—	—
Downpatrick Rural	86	—	—	—	12	15	3	116
Newry Urban	40	—	—	—	3	—	—	43
Newry No. 1 Rural	7	—	—	16	1	3	1	28
Kilkeel Urban	—	—	—	—	—	—	1	1
Kilkeel Rural	3	—	—	—	—	5	—	8
Warrenpoint Urban	—	—	—	—	—	—	—	—
Newcastle Urban	—	—	—	—	39	—	1	40
TOTAL	259	188	4	69	422	64	81	1,087

WATER SUPPLIES

As was to be expected the main development during the year was in the rural areas.

North Down Rural District :

Twenty-seven miles of new mains were laid bringing the total mileage of mains laid to date to 238. The completion of the 1960 programme to a value of over £200,000 should see the greater part of the Rural District with mains water supply. New connections to the mains totalled 669.

Castlereagh Rural District :

A number of extensions were made to existing distribution mains to facilitate housing and industrial developments. Work has commenced on the Upper Castlereagh scheme which involved the laying of 4 miles of mains in the townlands of Castlereagh and Ballymaconaghy.

A scheme for the Upper Braniel area is to be undertaken shortly..

Hillsborough Rural District :

The two main sections of the Regional Scheme were completed during the year. These two sections involved the construction of Service reservoirs at Lisnabreeny, the Temple and Deneight and the laying of more than 100 miles of distribution mains.

The village of Hillsborough is now supplied with water from the Regional Scheme and the use of the Park Dam as a source of raw water has been discontinued. The Council have entered into an arrangement with Banbridge Rural District Council to have the village of Dromara supplied from the Spelga Scheme.

Banbridge Rural District :

About 106 miles of distribution mains were laid during the year and service reservoirs are to be constructed at Knockgorm, Moneyslane, Ballydrummond and Corbally with minor works at Shannaghan, Dechomet and May's Corner.

Downpatrick Rural District :

More than 17 miles of mains were laid during the year, whilst extensions to be undertaken during the coming year total 112 miles, including 34 miles of trunk mains in the south east area to serve Tyrella, Killough and Ardglass districts.

Downpatrick Urban District :

The improvement of the Tannaghmore supply has been under consideration and the Council has referred the matter to a firm of consulting engineers. Improvements recommended are the replacement of worn out mains, covering of a service reservoir, provision of filtration plant and fencing of Tannaghmore Lake.

Newry No. 1 Rural District :

Work is progressing on a complete link-up of water supplies for the district. Service reservoirs at Stang and Crieve were completed during the year and work is in progress on three more.

Kilkeel Rural District

Supplies for Rostrevor and district are now taken from the Yellow River and new purification plant is to be installed.

Purification plant is also being installed at Attical.

Work is in progress on the laying of mains in the southern end of the district and about 11 miles of the total of 31 miles to be laid have been completed.

BACTERIOLOGICAL AND CHEMICAL EXAMINATION OF WATER SUPPLIES

Routine sampling of public supplies and sampling of private supplies from wells was carried out, the details being :—

Number of samples taken from public piped supplies as supplied to consumers :—

	Satisfactory	Unsatisfactory
(a) Bacteriological	528	184
(b) Chemical	4	—

Number of samples taken from other public supplies such as public wells, reservoirs, streams :—

	Satisfactory	Unsatisfactory
(a) Bacteriological	32	55
(b) Chemical	3	4

Number of samples taken from private supplies :—

	Satisfactory	Unsatisfactory
(a) Bacteriological	63	128
(b) Chemical	2	1

As in previous years the number of unsatisfactory samples from public piped supplies as supplied to consumers seems unduly large, being 26 per cent. of the total number taken, but a detailed study of the reports shows that in most cases where unsatisfactory results were obtained steps were taken to carry out remedial works. In some instances these involved a change in the source of supply, as in the case of Hillsborough, Killyleagh and Rostrevor. In a great many instances a breakdown in the chlorinating plant was found to be the cause and subsequent samples showed a marked improvement. It is regrettable, however, to report that a few, and I am glad to say only a very few, authorities have failed so far to take adequate steps to ensure that the water supplied to the public is as pure as it should be.

As I have stated in an earlier report, failure to provide a pure water supply may result in an outbreak of disease for which the local authority might be held to be legally and morally responsible.

SEWERAGE AND SEWAGE DISPOSAL

Bangor :

A scheme estimated to cost £2,850 for the sewerage of the north-end of Ballymacormick Road awaits Ministerial approval.

North Down Rural District :

The Crawfordsburn sewerage scheme was completed and now links the village with the Helen's Bay area. A scheme for the built-up area to the south of Donaghadee is under consideration. During the year 79 Council houses were provided with piped water supplies and water closets making a total of 523 Council houses provided with these amenities.

Holywood :

The re-laying and re-routing of several of the main sewers was completed. A new sewer is under consideration for Victoria Road and this sewer will link with Croft Road and relieve the pressure on the sewer in that area.

Castlereagh Rural District :

Quite a number of extensions to existing sewers were made to facilitate building development and remedial work on the Cumberland Road sewer to cope with flooding in the area was started.

The Dundonald area has developed to such an extent that the existing sewers are taxed to capacity and the Council's Engineer is to make recommendations.

The Ballyrobert Sewage Disposal Scheme is nearing completion.

Work on Urban Drainage schemes to relieve flooding has commenced at Glenburn area, and at Tullycarnet, whilst a scheme for the Mount Merrion area has been approved.

Hillsborough Rural District :

Work is well advanced on the Newtownbreda-Carryduff sewerage scheme. Ministerial approval has been obtained for the Newtownbreda Sewage Disposal Scheme, and also for the schemes at Drumbo and Ravarnette.

Banbridge :

It is expected that the sewerage scheme will be completed by the end of June and work on the sewage disposal plant is well advanced. Many houses in the town are not provided with water closets and steps are being taken to have the existing privies replaced.

Banbridge Rural District :

The scheme for the provision of drainage with a pumping station at Holm Terrace, Ballynaris is practically completed. Schemes to provide drainage and septic tanks for Council houses in various parts of the district have been approved and work thereon should start shortly.

Downpatrick Rural District :

The Shrigley scheme is almost completed, but owing to the proposed re-development of the village there was some doubt as to best lay-out for portions of the sewer, and this portion has been held over till the re-development scheme is settled. The effluent from the Chrome Tannery will discharge, after sedimentation, into the new sewer and thus end the gross pollution of the stream running from Shrigley to Killyleagh.

Delay has occurred in the provision of sewers and sewage disposal plant for Dundrum due to difficulties in securing a site for the sewage disposal works, and the same difficulties have resulted in a hold-up of the schemes for the Spa, Ballynahinch, and Loughinisland. A tender has been accepted for the sewerage scheme for the Quoile Quay area and when this work is completed the nuisance caused by the discharge of sewage on to the mud flats will be eliminated.

A scheme for Kilmore village has been approved whilst sewerage schemes for Ballyhornan, Coney Island and Seaforde are under consideration. Sewer extensions were carried out at Ardtole and Ardglass Road, Downpatrick.

REFUSE COLLECTION AND DISPOSAL

The majority of the local authorities in the County operate direct labour schemes, but in a few cases the refuse is lifted by contract, the details being :—

(a) by direct labour	.....	.....	14
(b) by contract	.....	.....	5

Authority	Direct labour or contract	Weekly or fortnightly collection	Number and type of refuse collection vehicles.
Bangor	Direct labour	Weekly	3 S.D. fore and aft 18 cubic yard (petrol) 1 S.D. side loader (petrol)
Donaghadee	Direct labour	Weekly	1 S.D. side loader (petrol)
Newtownards	Direct labour	Weekly	1 Karrier side loader (petrol) 1 Karrier rear loader (petrol)
North Down Rural	Direct labour	Weekly	3 Bedford side loaders (petrol) 1 Karrier side loader (diesel) 1 Karrier side loader (petrol)
Holywood	Direct labour	Weekly	1 Karrier side loader (diesel)
Castlereagh Rural	Direct labour	Weekly	1 Karrier side loader (petrol) 2 Karrier rear loaders (petrol) 1 Compressmore rear loader (petrol) 1 Karrier dual tip loader (diesel)
Hillsborough Rural	Direct Labour	Weekly in built-up areas, fortnightly in other areas.	1 S.D. fore and aft 18 cubic yard (diesel) 1 Bedford side loader (petrol) 1 Karrier dual tip loader (diesel)
Banbridge	Direct labour	Weekly	1 Karrier side loader (petrol) 1 tractor and trailer (petrol)
Dromore	Direct labour	Weekly	1 Morris side loader (petrol)
Banbridge Rural	Contract	Weekly	1 Fordson side loader (petrol) 1 lorry with canvas cover (petrol)
Moirá Rural	Contract	Fortnightly	1 Morris side loader (petrol)
Downpatrick	Direct labour	Weekly	1 Bedford side loader (petrol)
Downpatrick Rural	Direct labour	Weekly in built-up areas, fortnightly in other areas.	1 S.D. fore and aft 18 cubic yard (diesel). (Another similar vehicle to be ordered so as to give a weekly collection in all areas).
Newry	Direct labour	Weekly	2 S.D. side loaders (petrol)
Warrenpoint	Direct labour	Weekly	1 Austin side loader (petrol)
Newcastle	Direct labour	Weekly	1 Karrier side loader (petrol)
Kilkeel	Contract	Weekly	1 tractor and covered trailer (petrol)
Kilkeel Rural	Contract	Weekly	1 covered lorry (petrol)
Newry No. 1 Rural	Contract	Weekly	1 covered lorry (petrol)

Tipping Grounds :

Last year reference was made to the unsatisfactory condition of many of the tipping grounds in the County and it is regrettable that little progress in this field of sanitation has been made. Controlled tipping is the solution, but few authorities are willing to spend the money on the equipment, labour and material necessary to make it a success. Local authorities, responsible as they are for the enforcement of the law relating to environmental hygiene in their districts, should show a good example.

It is appreciated that in some areas, particularly those where tips are numerous and scattered, unauthorised dumping by private persons is difficult to control and the problem of keeping the tips tidy almost insurmountable.

The answer would appear to be found in the provision of fewer and larger tipping grounds where the employment of whole time labour and equipment can be justified.

With the increasing use of large capacity refuse vehicles, journeys to the tip per day are few and the extra mileage is more than offset by the advantages gained.

Litter :

It seems likely that legislation to control litter will be introduced in Parliament at an early date. Local authorities should ensure that litter baskets are provided in such numbers and situations as to leave no excuse for those breaking the law.

The condition of many of our beaches and coastal strips after a fine week-end in the summer, with waste paper, tin cans and other debris, is deplorable, and as public conveniences outside the larger resorts are few and far between, nuisances are common.

It is hoped that all local authorities will give to this question the earnest consideration it deserves.

Trade Refuse :

Some local authorities in the County have schemes for the removal of trade refuse as distinct from house refuse and usually impose a charge for the service.

With so much insistence on cleanliness and freedom from accumulations of refuse in food premises, it is essential that all local authorities should have a trade refuse scheme. If left to private enterprise, trade vans may be used for rubbish removal and indiscriminate dumping indulged in, with occasional bonfires on the dumps to inconvenience nearby householders.

PUBLIC HEALTH ACTS

The enforcement of the sections of the Public Health Acts dealing with sub-standard and insanitary houses is the responsibility of the Borough, Urban and Rural District Councils :—

Number of nuisances complained of or discovered	2,458
Number of inspections and re-inspections	11,390
Number of nuisances complained of which were confirmed	2,186
Number of Statutory Notices served	618
Number of legal proceedings instituted	13
Number of Court Orders made	5
Number of nuisances abated	1,901

Details of some of the sanitary work carried out :—

Accumulations of offensive matter removed	113
Animal keeping improvements	34
Sanitary accommodation improved (new W.C., basins, etc.)	112
Water closets substituted for privies or pail closets	95
Drainage improvements	324
Foul drains cleansed	460
Ashbins provided	536
Water supply introduced into houses	351
Sinks provided	117
Yards re-surfaced	39
Roofs repaired	354
Eaves, gutters and down pipes provided or repaired	230
Walls repaired	134
Floors repaired	94
Window frames repaired	100
Ceilings repaired	83
Chimneys repaired or rebuilt	42
Flues and firegrates repaired	52
Stairs repaired	18
Doors repaired	42
Sub-floor ventilation provided	32
Lighting and ventilation improved	16
Houses cleansed	28
Miscellaneous improvements	359

SCHOOL SANITATION

Number of schools in County (including Nursery)	.....	.....	.....	.....	350
Schools inspected	.....	.....	.....	.....	270
School inspections carried out	.....	.....	.....	.....	484
Schools found to be defective	.....	.....	.....	.....	41
Schools improved as a result of representations	.....	.....	.....	.....	33

PUBLIC HEALTH (Prevention of Contamination of Food) REGULATIONS (Northern Ireland) 1948

Number of inspections of premises where food is prepared or handled	.....	.....	.....	3,171
Number of premises in which contraventions were discovered	.....	.....	.....	323
Number of premises improved as a result of action	.....	.....	.....	317
Number of Prosecutions instituted	.....	.....	.....	—

Details of improvements effected in food premises are :—

Total or extensive reconstruction	.....	.....	.....	.....	.....	.....	33
Water supply introduced	.....	.....	.....	.....	.....	.....	62
Hot water laid on	.....	.....	.....	.....	.....	.....	58
Sink and/or Wash-hand basins provided	.....	.....	.....	.....	.....	.....	65
Redecoration and internal repairs	.....	.....	.....	.....	.....	.....	116
External repairs	.....	.....	.....	.....	.....	.....	29
Sanitary accommodation provided or improved	.....	.....	.....	.....	.....	.....	48
Drainage provided or improved	.....	.....	.....	.....	.....	.....	42
Rats or mice infestations dealt with	.....	.....	.....	.....	.....	.....	12
Rat proofing carried out	.....	.....	.....	.....	.....	.....	10
Fly proofing carried out	.....	.....	.....	.....	.....	.....	21
Accumulations of rubbish or trade refuse removed	.....	.....	.....	.....	.....	.....	76
Receptacles for waste provided	.....	.....	.....	.....	.....	.....	72
Ventilated food storage accommodation	.....	.....	.....	.....	.....	.....	15
Storage accommodation improved	.....	.....	.....	.....	.....	.....	43
Protective clothing provided	.....	.....	.....	.....	.....	.....	15
Hygienic equipment (refrigerators, covered display cabinets, etc.) provided	.....	.....	.....	.....	.....	.....	59
Vehicles improved	.....	.....	.....	.....	.....	.....	6
Cloakrooms provided	.....	.....	.....	.....	.....	.....	2
Ventilation of premises improved	.....	.....	.....	.....	.....	.....	5
Miscellaneous	.....	.....	.....	.....	.....	.....	24

SALE OF ICE CREAM ACTS (NORTHERN IRELAND), 1958

(a) Number of premises registered for :—

(i) Manufacture only	.....	.....	.....	.....	.....	.....	3
(ii) Manufacture and sale	.....	.....	.....	.....	.....	.....	53
(iii) Sale	.....	.....	.....	.....	.....	.....	689

(b) Number of registered premises inspected 745

(c) Number of inspections of registered premises made 1,585

(d) Number of bacteriological samples taken 139

(e) Number of bacteriological samples unsatisfactory 7

MILK CONTROL

Number of samples of milk submitted for Bacteriological Examination	.....	.....	.....	184
Number of samples below standard	.....	.....	.....	36

All unsatisfactory samples are referred to the Ministry of Agriculture for investigation, and subsequent sampling usually shows an improvement.

SALE OF FOOD AND DRUGS ACTS

Seven hundred and thirty-seven samples were taken and submitted for analysis during the year. Of these 726 were of genuine composition and 11 were found to be adulterated.

Details of Samples submitted and Result of Analysis :—

	Genuine Composition	Adulterated	Total
Beverages	99	—	99
Cereal Products	59	1	60
Condiments and Spices	62	1	63
Cooking Materials and Drugs	63	1	64
Dairy Products	225	2	227
Fruit, Vegetables and Sugar Products	102	2	104
Meat, Fish and Poultry Products	116	4	120

Of the eleven samples reported as adulterated proceedings were instituted in two cases. In the other nine cases the circumstances were such that warnings were given.

Prosecutions :

Article	Nature of Adulteration	Result of prosecution
Minced Steak	Contained 740 parts of sulphur dioxide per million.	Fined £10 0s. 0d. and £2 10s. 0d. costs and assistant fined £2 0s. 0d. and £2 10s. 0d. costs—£17 0s. 0d.
Sausage Meat	1,180 parts of sulphur dioxide per million.	Fined £5 0s. 0d. with £3 3s. 0d. costs—£8 3s. 0d.

MEAT INSPECTION

As stated in earlier reports the duty of ensuring that all meat intended for human consumption in the County is properly inspected devolves on the Committee's officers and details of the number of animals killed and meat condemned in the five Abattoirs in the County are given below :—

Class of Animals	Number of Animals			Weight (in lbs.) of Condemned Meat and Offal
	Slaughtered	Partially Condemned	Wholly Condemned	
Cattle	14,707	37	69	175,240
Sheep	38,961	94	72	5,211
Pigs	1,117	59	123	6,486
Calves	12	1	1	43
Totals	54,797	191	265	186,980

Diseases and conditions which made total seizure necessary were tuberculosis, septicaemia, septic mastitis, peritonitis, endocarditis, pericarditis, emaciation, oedema, jaundice, uraemia, decomposition.

Eight thousand nine hundred and fifty eight cattle and two thousand five hundred and twenty-eight sheep were found to be affected with liver fluke, necessitating the rejection for food of seventy-two thousand two hundred and ninety-six pounds of liver.

Three hundred and eighty-nine cattle were found to be affected with cysticercus bovis, the cystic stage of the tapeworm, and this necessitated the placing of a large number of the carcasses in cold storage for a period of three weeks before being released for consumption.

Slaughter of Horses :

At the “ Old Mill ” Abattoir, Saintfield, 3,000 horses were slaughtered during the year. Ante-mortem and post-mortem inspections were carried out by Veterinary Officers of the Ministry of Agriculture. All meat intended for human consumption is exported, principally to London.

SHOPS ACT (NORTHERN IRELAND) 1945, SEC. 22

Number of inspections of shops	1,246
Number of individual shops inspected	1,759
Number of shops in which defects were found	113
Number of shops improved as a result of action	97

RODENT CONTROL

Number of infestations reported or discovered	2,629
Number of control treatments carried out	2,610

INFESTATION WITH INSECTS

Number of premises inspected	192
Number of premises found to be infested	162
Number of premises cleared of infestation	160

FACTORIES ACTS (NORTHERN IRELAND) 1938 AND 1949

Number of inspections of factories	837
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Number of defects found and result of action taken :—

	Found	Number of Defects	
		Remedied	Referred to Chief Factory Inspector
Lack of Cleanliness	42	37	—
Overcrowding	—	—	—
Unreasonable Temperature	—	—	—
Ineffective drainage to floors	1	—	—
Inadequate ventilation	3	2	—
Sanitary conveniences :			
(a) insufficient	16	12	—
(b) defective	25	21	—
(c) not separate for sexes	2	1	—
Breach of Special Sanitary requirements for Bake-houses	—	—	—
Other offences	4	3	—

Number of inspections of outworkers premises	72
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Air Pollution :

It would seem to be only a matter of time before legislation on the lines of the Clean Air Act in England is introduced in Northern Ireland, and in the meantime observations and recordings from various areas are being studied. One station with daily volumetric recording instruments has been set up at Cregagh by the Castlereagh Rural District Council and the work thereat carried out by sanitary officers in the area. Another station is to be set up in the Dundonald area.

At the examination for the Diploma for Smoke Inspectors held in Belfast on 29th and 30th May, 1959, by the Royal Society for the Promotion of Health the four candidates from County Down passed, one of them with distinction, as follows :—

- Mr. H. Dunbar, Sanitary Officer—Bangor Division—(with distinction).
- Mr. S. A. Cave, Sanitary Officer—Bangor Division.
- Mr. N. McCutcheon, Sanitary Officer—Castlereagh Division.
- Mr. A. Watterson, Sanitary Officer—Castlereagh Division.

HAIRDRESSERS ACT (NORTHERN IRELAND) 1939

Number of Hairdressing Establishments registered	.....	.....	.....	.....	197
Number of inspections made	.....	.....	.....	.....	253

SENIOR ADMINISTRATIVE AND TECHNICAL STAFF

				<i>Date Duty Commenced</i>
COUNTY MEDICAL OFFICER OF HEALTH .....	.....	J. B. McKinney, M.B., B.CH., B.A.O., D.P.H. ....	.....	17th June, 1947.
DEPUTY COUNTY MEDICAL OFFICER OF HEALTH .....	.....	J. Taylor, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st October, 1947.
DIVISIONAL MEDICAL OFFICERS OF HEALTH :—				
Division 1 .....	.....	R. L. Roxburgh, M.B., B.CH., B.A.O., D.P.H. ....	.....	6th May, 1948.
Division 2 .....	.....	J. Scott, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st April, 1948.
Division 3 .....	.....	S. Hayes, M.D., D.P.H. ....	.....	1st April, 1948.
Division 4 .....	.....	J. A. MARK, M.B., B.CH., B.A.O., D.P.H. ....	.....	14th October, 1948.
Division 5 .....	.....	E. P. McGrath, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st July, 1954.
Division 6 .....	.....	B. L. McQuillan, M.B., B.CH., B.A.O., D.P.H. ....	.....	25th June, 1948.
ASSISTANT DIVISIONAL MEDICAL OFFICERS OF HEALTH :—				
Division 2 .....	.....	C. Moss, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st August, 1951.
Division 3 .....	.....	G. T. N. Lawson, M.B., B.CH., B.A.O., D.P.H. ....	.....	2nd July, 1951.
		Irene M. Thompson, M.D., D.P.H. ....	.....	1st October, 1958.
Division 4 .....	.....	Elizabeth Hawkins, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st December, 1956.
Division 5 .....	.....	Mary S. Miller, M.B., B.CH., B.A.O., D.P.H. ....	.....	27th November, 1956.
Division 6 .....	.....	Grace E. McClafferty, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st January, 1951.
COUNTY DENTAL OFFICER .....	.....	W. McCarthy, L.D.S. ....	.....	8th May, 1952.
ASSISTANT DENTAL OFFICERS :—				
Division 1 .....	.....	S. H. Wilson, L.D.S. ....	.....	1st May, 1952.
		R. G. Weaver, L.D.S. ....	.....	1st February, 1952. (Resigned 30th June, 1959).
Division 2 .....	.....	J. C. Harpur, L.D.S. ....	.....	1st August, 1953.
		W. R. Mahood, B.D.S. ....	.....	1st April, 1955.
Division 3 .....	.....	Miss Susan H. Wallace, B.D.S. ....	.....	3rd March, 1958.
		J. B. Anderson, B.D.S. ....	.....	7th September, 1959.
Division 4 .....	.....	Mrs. W. S. Vaughan, B.D.S. ....	.....	19th October, 1959.
Division 5 .....	.....	T. W. Unsworth, L.D.S. ....	.....	19th May, 1958. (Resigned 30th November, 1959).
Division 6 .....	.....	R. A. T. Speedy, L.D.S. ....	.....	1st August, 1953.
		J. J. Cleary, B.D.S. ....	.....	1st February, 1957.
SUPERVISOR OF CARE AND AFTER-CARE .....	.....	Miss E. M. Doran, S.R.N., S.C.M., H.V. (CERT.) ....	.....	2nd January, 1950.
COUNTY NURSING OFFICER .....	.....	Miss E. W. Gracey, S.R.N., S.C.M., H.V. (CERT.) ....	.....	1st November, 1949.
SUPERVISOR OF MIDWIVES .....	.....	Miss B. McAleer, S.R.N., S.C.M. ....	.....	1st September, 1949.
SUPERINTENDENT HEALTH VISITOR .....	.....	Miss V. I. Thompson, S.R.N., S.C.M., H.V.(CERT.) ....	.....	1st February, 1950.
SENIOR (DIVISIONAL) NURSING OFFICERS :—				
Division 1 .....	.....	Mrs. A. I. Corry, S.R.N., S.C.M., H.V.(CERT.) ....	.....	1st October, 1949.
Division 2 .....	.....	Mrs. N. H. Simpson, S.R.N., S.C.M., H.V.(CERT.) ....	.....	11th April, 1949.
Division 3 .....	.....	Miss J. McGaw, S.R.N., S.C.M., H.V.(CERT.) ....	.....	2nd May, 1949.
Division 6 .....	.....	Miss M. Savage, S.R.N., S.C.M., H.V.(CERT.) ....	.....	20th October, 1952.
SPEECH THERAPIST .....	.....	Miss Moya C. Campbell, L.C.S.T. ....	.....	1st September, 1959.
PHYSIOTHERAPIST .....	.....	G. Frew, M.C.S.P. ....	.....	1st June, 1955.
COUNTY SANITARY OFFICER .....	.....	A. Reynolds, F.R.S.H., MEAT CERT. R.S.I. ....	.....	1st March, 1948.
DIVISIONAL SANITARY OFFICERS :—				
Division 1 .....	.....	J. L. Magee, SAN. I. CERT. R.S.I., MEAT CERT. R.S.I. ....	.....	15th November, 1948.
Division 2 .....	.....	J. J. Boal, SAN. I. CERT., MEAT CERT. R.S.I. ....	.....	15th November, 1948.
Division 3 .....	.....	W. E. C. O'Brien, SAN. I. CERT., and MEAT CERT R.S.A., Scotland; Member of Inst. of Public Cleansing .....	.....	11th October, 1948.
Division 4 .....	.....	W. R. Jones, SAN. I. CERT., Joint Board Meat Cert. R.S.I. ....	.....	1st April, 1958.
Division 5 .....	.....	F. Nixon, SAN. I. CERT. R.S.I., MEAT CERT. R.S.I. ....	.....	1st June, 1956.
Division 6 .....	.....	J. MEEHAN, SAN. I. CERT. R.S.I., MEAT CERT R.S.I. ....	.....	1st November, 1953.
COUNTY ANALYST .....	.....	H. K. Lawton, B.SC., PH.D., F.R.I.C. ....	.....
SECRETARY .....	.....	J. C. Pantridge (Joint appointment with Down County Welfare Committee) .....	.....	1st June, 1947.
ACCOUNTANT .....	.....	J. McKennan, A.C.A. (Joint appointment with Down County Welfare Committee) .....	.....	16th July, 1956.
ADMINISTRATIVE OFFICER .....	.....	J. M. Ferguson (Joint appointment with Down County Welfare Committee) .....	.....	1st October, 1958.

RECORDS OFFICER	.....	—	J. Edgar (Joint appointment with Down County Welfare Committee)	.....	.....	.....	1st October, 1948.
SOLICITOR	.....	.....	W. A. F. Martin	.....	.....	.....	1st January, 1949.
Central Offices of the Committee :—			SECRETARY	.....	.....	} 65 University Street, Belfast.	
			COUNTY MEDICAL OFFICER OF HEALTH				

